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ABSTRACT

This Kids Count report examines statewide trends and county data on the well-being of Nebraska's children. Section 1 contains a commentary on promoting quality early childhood care and education services. Section 2, the bulk of this statistical report, presents finding on indicators of well-being in eight areas: (1) child abuse and neglect/domestic violence (investigated and substantiated cases, reporting, types of abuse, child abuse fatalities in 2000, domestic violence/sexual assault programs, how domestic violence affects children); (2) early childhood care and education (early childhood development programs, child care facilities and subsidies); (3) economic well-being (TANF, earned income tax credit, single parent families, divorce and child support); (4) education (high school graduates, school dropouts, expelled students, special education); (5) physical and behavioral health (birth, prenatal care, low birth weight, births to teens, out-of-wedlock births, immunizations, infant mortality, child deaths, access to health care, blood lead levels, mental health and substance abuse treatment, youth risk behavior survey); (6) juvenile justice (juvenile arrests, probation, youth rehabilitation and treatment centers, victims of rape, adult jail and parole for juveniles); (7) nutrition (food stamps, USDA nutrition programs); and (8) out-of-home care and adoption (out-of-home care, state foster care review board, children in out-of-home care, licensed and approved foster homes, multiple placements, race and ethnicity, adoption services). Section 3 presents county data notes. Section

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4 presents specific county data in table form. Sections 5 through 7 present information concerning methodology, data sources, definitions, references, and Kids Count Team members. (SD)

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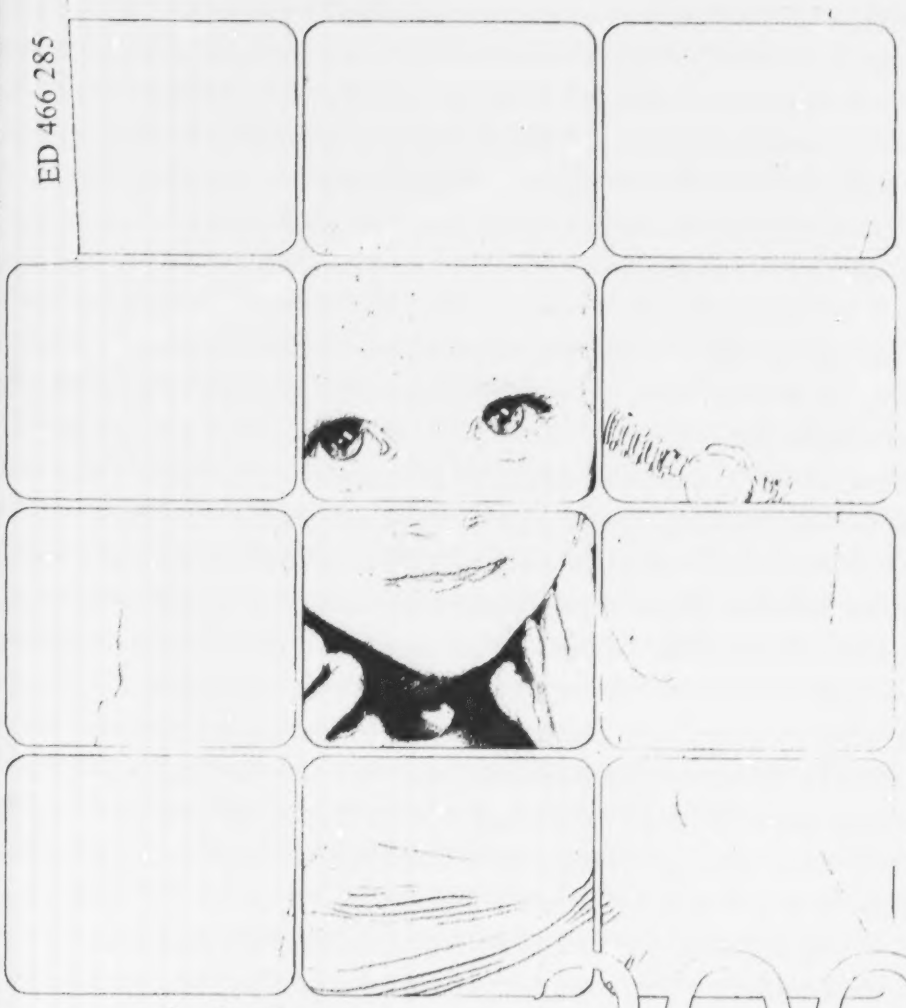

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Kids Count is a national and state-by-state effort sponsored by the Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. An important component of this project is the Technical Team of advisors. The Kids Count Technical Team is comprised of data representatives from the numerous agencies in Nebraska which maintain important information about child well-being. This team not only provides us with information from their databases but advises us on the positioning of their data in relation to other fields of data as well. We could not produce this report without their interest and cooperation and the support of their agencies. Kids Count in Nebraska, sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's eighth report. Additional funding for this report comes from Share Our Strength (S.O.S.).

Kids Count photographs featured are all Nebraska children. Several issues and programs may be discussed in a particular section. Children featured in each section represent elements of that section but may not be directly involved with all programs or issues discussed therein.

Additional copies of the 2001 Kids Count in Nebraska report as well as 1993, 1994, 1995, 1996, 1997, 1998, 1999, and 2000 reports, are available for $10.00 each from:

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Promoting Quality Early Educa

Children need quality early childhood care. We have all heard this phrase numerous times, but what exactly is "quality care" and why is it so important to children's futures?

Learning Begins at Birth

When an infant is born she has already developed around 100 billion neurons, or brain cells. While functions like breathing, heartbeat and others necessary for survival develop before birth, the majority of activity in the brain takes place from birth to the age of 10. After a child is born, the brain goes through a wiring process where brain cells connect through synapses, which form the mechanisms through which a child learns. A young child's brain produces more connections than it can possibly ever use. Then, around the age of 10, the brain goes through a pruning process whereby synapses that are rarely or never used are discarded, leaving behind a brain that is unique to that child[1]. But it is what happens between birth and three years of age that is the most remarkable, and crucial.

As early as two-months-old, an infant's brain has developed enough motor control to enable the infant to reach out and grab objects. An infant who is three-months-old has the ability to distinguish between several hundred spoken sounds and can distinguish between a parent and stranger based on smell and sight. At the age of 12 months, an infant is speaking her first words, reading the emotions of others and using more language to communicate. By the time the child reaches the age of three, her brain weight has tripled and the foundation is laid for all later learning[2]. All of these synapses, or connections, are cultivated through stimulation from the infant's environment. Lack of stimulation in a particular area could have a detrimental effect on the rest of a child's life.

Experiences such as illness or abuse can negatively affect the brain development. However, experiences this extreme do not have to occur to potentially negatively affect a child's life. Everyday environmental stimulation, or lack thereof, can hold a child back from reaching their full potential too.

The Role of Quality Care

A child's brain cannot reach its full potential without the proper stimulation. Much like a pendulum that will not begin its consistent back-and-forth motion without outside help, a child's brain cannot begin the process of wiring and connecting without positive influences from her environment.

Several factors work together to ensure an early care environment that is developmentally appropriate and of the highest quality available.

First, the staff-to-child ratio must be low enough to ensure that children have the opportunity to receive individual attention and the risk of unsafe conditions is reduced. Moreover allowing child care staff to work with smaller groups of children will increase their ability to spend one-on-one time with the children, allow the staff to be more aware of potential dangers and prevent staff burnout due to stress and overwork. In an industry that has difficulty retaining quality staff due to resource and monetary constraints, it is important to protect the well being of the staff as well as the children with whom they work.

Second, staff must be well trained and educated. In order to provide developmentally appropriate activities to the children they serve, the staff must have early childhood knowledge. However, formal education, by itself, is not sufficient to meet the needs of children. Knowledge of various activities, such as play, music and arts and crafts are just as vital.

Finally, no early childhood program can be successful without the support of parents or guardians. Parents who have a better understanding of early childhood development as well as what the early care program is providing their children are better able to continue the positive aspects of the programming as well as advocate for higher quality care for their children.

While this list is not exhaustive, it is a good checklist of items necessary to build a strong foundation of a quality early care program.

Why is this Important for Nebraska?

Every day in our state, 71% of children under the age of six wake up in a family where either the single parent or both parents work outside of the home. Therefore, by the time our children enter school, most of them will have been exposed to some sort of early care or child care setting.

Care and on Services for All Children

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This, of course, does not diminish the importance of strong parental involvement in the development of their children. Often times, however, parents do not know where to turn for information regarding their child's development. This is an area where an early childhood staff that is well-versed in the needs of our youngest children can step in and provide the necessary information to parents on the developmental patterns of their children as well as the role quality early care can play in protecting their children's future.

What Should be Done in Nebraska?

The State of Nebraska has already implemented important measures that lead to high quality early care services. Beginning in 2002, early care providers will be eligible to apply for continuing education funding through the TEACH program which provides scholarships for early care providers to study early childhood education at higher learning institutions across the state. In return, the early care provider receives an invaluable education and makes a commitment to continue in the field.

Promoting accreditation of early care providers is another important area on which Nebraska has focused. Accreditation is the process through which a provider is recognized for reaching and maintaining national standards of quality in early care and education. Nebraska's Department of Education's Office of Children and Families offers an Accreditation Enhancement Program whereby providers wishing to become accredited by a national organization can seek funding assistance for the accreditation process.

What else should Nebraska be doing to promote quality early care in this state? First, Nebraska needs to alter its staff-to-child ratio requirements to reflect national recommendations. In Nebraska, ratios are currently required to be maintained on a center-wide level, meaning that a teacher could be in a room alone with twelve 18-month-olds so long as a second teacher or assistant was somewhere in the building. Not only are children in this situation not receiving developmentally appropriate programming or necessary individualized attention, the safety level decreases. Additionally, the teacher who is in the room is placed in the high-stress situation of caring for 12 toddlers alone.

Secondly, we must focus on staff retention and compensation issues. Across the country, the early care arena faced an average staff turnover rate of 30% between 1999 and 2000. Moreover, nearly 56% of centers facing turnovers are unable to replace all of the staff they lost due to the low compensation received by the early care workforce[3]. We must work as a state to find an answer to this problem that continues to cripple the early care arena and place our children's futures in jeopardy.

Our Work at Voices for Children

Since August of 2001 Voices for Children has been facilitating meetings of early care providers, advocates and state administration in an effort to find solutions for the issues plaguing our early care and education system. Action steps have already been developed in several areas, and we hope to continue our work to see those steps become a reality.

Child Abuse &
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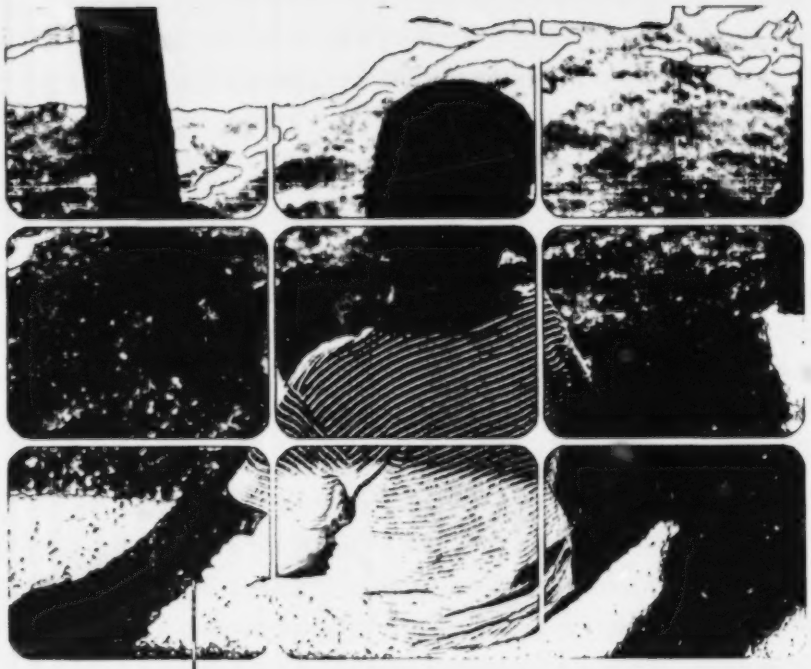


Anonymous

policy box

Nebraska's Biennial budget included an increase of $150,000 for Nebraska's domestic violence/sexual assault programs. The increase raised the amount of support to the programs from $1,197,300 in fiscal year 2000-2001 to $1,347,300 for fiscal year 2001-2001 and $1,347,300 for fiscal year 2002-2003.

Investigated and Substantiated Cases

During the year 2000, the Department of Health and Human Services (HHS) received 13,448 calls alleging child abuse and neglect. Of those calls, 8,254 were investigated resulting in 1,932 substantiations involving 3,074 children. This averages out to 159 investigations per week. The last two years, 1999 and 2000, show a decline in the number of children involved in substantiated cases. This decrease appears to be due to a change in how data is recorded by HHS through the N-FOCUS/CWIS database. The former computer system recorded all children in the household as victims when there was only substantiation for one child. N-FOCUS/CWIS only records the child or children whose abuse has been directly substantiated, it does not include other children in the home. HHS chose to capture the data to ensure that perpetrators who have maltreated one child are not identified as having maltreated others. However, studies show that children who witness violence may experience the same emotional damage and present the same behaviors as children who have been directly abused.

Data shows substantiated cases are more likely to involve younger children, than older children. In 2000, 1,863 (61%) of the children involved in substantiated cases were ages 0-8. The average age of a child in a substantiated case was 7.4. Children ages 0-3 represented 936 (30%) of the children involved in substantiated cases and children age 2 or under represented 738 (24%). Older children are not less likely to be abused but instead children who are younger often display stronger evidence of abuse and, therefore, it is more likely to be reported. In 2000 there were 1,553 female children and 1,495 male children involved in substantiated cases. According to hospital discharge records, males are the most probable perpetrators of physical abuse resulting in the need for medical assistance. In most cases these men are also the spouse or partner of the child's mother.

Neglect
stic Violence & Assault

It's the Law!

The State of Nebraska requires all citizens who suspect or have witnessed child abuse or neglect to report the incident to their local law enforcement agencies or to Child Protective Services (CPS). The State of Nebraska maintains a Hotline for reporting suspected abuse/neglect of children or adults that can be accessed 24 hours a day 7 days a week at 1-800-652-1999.

Only 1% of child abuse reports come from the children themselves. Children often have strong loyalties to their parent(s) and/or the perpetrator and therefore are not likely to report their own or their siblings' abuse or neglect. These children may fear the consequences for themselves, the perpetrator and/or their parent(s). There is also a strong possibility that the perpetrator has threatened more serious abuse if they tell.

Types of Abuse

Neglect, physical abuse and sexual abuse are the three main classifications that fall under the umbrella of child abuse. Because children may experience more than one form of abuse, HHS records all types of abuse that apply to each child individually. Over the years, neglect has been found to be the most commonly substantiated form of child maltreatment. If a child has not been provided for emotionally, physically and/or medically it is considered neglect. Infants and children who are labeled failure to thrive are often the result of neglect.

Child Abuse Fatalities in 2000

In the year 2000, two children were documented to have died as the result of child battering in Nebraska.

Domestic Violence/ Sexual Assault Programs

In Nebraska's network of Domestic Violence Sexual Assault Programs,there are 22 adult community-based programs. From July 1, 1999 through June 30, 2000 these programs provided information and support to 9,702 victims, including 3,564 children and adolescents. Of the 3,564 children and adolescents, 3,296 received services due to domestic violence and 268 received services due to sexual assault and/or incest.

The programs provided 123,738 meals to adults and children, and 1,705 adults and 2,334 children/adolescents were provided shelter (for a total of 45,757 shelter beds provided). Between July 1999 and June 2000, the programs received 118,953 calls to their crisis lines, 108,311 regarding domestic violence and 10,642 regarding sexual assault. Demographic information was provided by 5,838 victims, who reported 7,108 children living in the home. Of those 7,108 children living in the homes where the abuse took place, 5,870 witnessed the violence, 790 were physically harmed and 260 were suspected of being sexually abused.

How Domestic Violence Affects Children

There is a growing body of research indicating that children who witness violence are not only more likely to be abused themselves but those who are not directly abused are apt to exhibit the same problem behaviors and stress related difficulties as children who are directly physically harmed. Children in domestic violence situations behave more aggressively, exhibit more delinquent, withdrawn and anxious behavior and do not do as well in school and extracurricular activities as children from non-violent homes.[1]

impact box

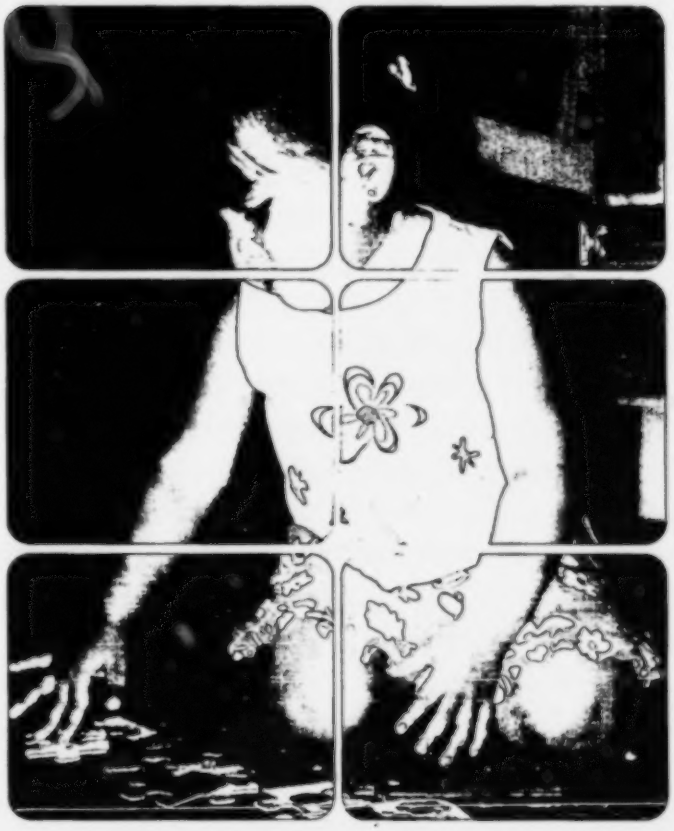
Some Facts About Domestic Violence and Children

- Women experiencing domestic violence are at least twice as likely to perpetrate physical abuse on their children as women who are not abused.[2]
- Fifty percent of men who abuse their spouses also abuse their children.[3]
- Fifty percent of all homeless women and children in the US are fleeing domestic violence.[4]

Early Childhood and E

Early Childhood Development

Children from birth to age 8 are considered in the early childhood stage of life. During this critical period, children will grow and learn more than they will any other time in their lives. In order to make the most of this developmental stage children require high quality care. Young children who do not receive quality care may not reach their full potential resulting in less productive adult lives.



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Early Childhood Development Programs in Nebraska

Head Start and Early Head Start

Head Start and Early Head Start programs are federally funded to provide comprehensive services in health and wellness, nutrition, education and social services to low-income families with infants, toddlers and preschool children. Early Head Start also serves pregnant teens and women preparing for the birth of their child. The four cornerstones of Head Start include: child development, family development, staff development and community development. Children participate in various program formats including: center-based, home-based or a combination of both to focus on the cognitive, social and emotional development in preparation for the transition to school. Research shows that Head Start children perform better in school and eventually in employment than those children of similar circumstances who did not participate in Head Start.

Recent early childhood brain research provided a catalyst to funding Early Head Start programs in this decade. Research has concluded that developmentally appropriate experiences contribute to the healthy development of an infant's brain and make a significant difference in whether a child may reach their full potential. Head Start and Early Head Start assist parents in helping their children reach their full potential through parenting education and support, mentoring, volunteering and employment opportunities and collaborations with other quality early childhood programs and community services.

In 2000, there were approximately 260 Head Start and Early Head Start classes in operation by 14 grantees in Nebraska with an actual enrollment of 5,340. Total funded enrollment is 4,470. Early Head Start enrollment, pregnant women and/or children ages 0 to 3, was 824. Head Start enrollment, children 3 to Kindergarten entrance, was 4,516. Of the child participants in both programs, 612 were identified as having special needs. Approximately 20% of enrollment includes children whose dominant language is not English.

The American Indian Program Branch Head Start operates 14 classes within Nebraska's geographic borders. The Winnebago, Santee Sioux and Omaha Tribes are grantees with a total funded enrollment of 226, actual enrollment was 218. Migrant Branch Head Start operated 16 classes. The grantee is Panhandle Community Services in Gering. Migrant Head Start served 56 children in an Early Head Start program model and 32 children in Head Start. Total funded enrollment was 106 and actual enrollment was 88. Six children in Migrant Head Start were identified with special needs.

There are currently 23 counties in Nebraska that do not have Head Start programs or services. National Head Start expenditures totaled over $5 billion in 2000. Head Start federal expenditures for Nebraska totaled $26,857,614 in 2000. Currently, Head Start funding exists for about half of the 3 and 4 year old children who are eligible. About 10% of Head Start enrollment is for children with disabilities.

Care
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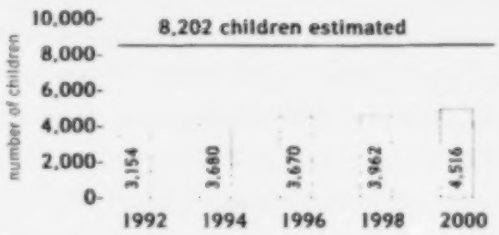
How many of Nebraska's 8,202 eligible 3 and 4 year old children were enrolled in the Head Start Program?

1992-2000



Source: Region VII Administration for Children and Families

State Early Childhood Projects

Since 1992, Early Childhood Projects have been serving young children and their parents. Ten Nebraska communities offer integrated child development programs by combining existing resources with small state grants of $50,000 each. With local schools serving as fiscal agents and operating in cooperation with Head Start and other community agencies, these Early Childhood Projects currently serve nearly 500 children. Approximately half are able to participate through the state funding. Other children are supported through Early Childhood Special Education, Title I and Head Start. Programs include two serving parenting teens, two offering primarily parent education, five providing a part day program, and one full working day program. Funding for the programs was last increased in 1996.

Even Start Family Literacy Programs

In an effort to break the cycle of poverty and illiteracy and improve educational opportunities for families, the Even Start Literacy program integrates early childhood education, adult literacy or adult basic education, and parenting education. In 2000, 232 families received services through one of the seven federally funded Even Start Literacy programs in Nebraska.

Even Start Participation

Location	Number of Participating Families
Alliance	25
Crete	25
Columbus	21
Hastings	25
Lincoln	60
Omaha	50
South Sioux City	26
Nebraska's Total	232

Source: Nebraska Department of Education

Early Childhood Special Education and Early Intervention Programs

Children from birth through age 3 who have verified disabilities can receive services through their local school district in a collaboration between Health and Human Services and Education. During 1999-2000 school year, these Early Childhood Special Education and Early Intervention programs served 4,661 children ages 0 through age 5.

Child Care Facilities and Subsidies

In Nebraska, if a child care home or facility provides care for four or more children it must be licensed by Nebraska Health and Human Services Systems (HHSS). A total of 4,195 homes and facilities were licensed to provide child care in Nebraska as of December 2000. There has been a decrease of 879 licensed child care providers since 1996.

Dependent children and families up to approximately 185% of the federal poverty level (see Economic Well-being section of this report) can utilize child care subsidies. In 2000, HHSS subsidized the child care of at least 29,452 unduplicated children, an increase of 2,541 unduplicated children over 1999, with a monthly average of 15,229 children. With an average cost of $1,640 per child, a total of $47,725,819 federal and state dollars were used for child care subsidies in Nebraska. Subsidies are usually paid to the providers directly. We are pleased to report that once again in the year 2000 no families who applied and were found eligible had to wait for child care subsidies in Nebraska.

The average cost a family spends on child care is $278 a month, over $3,000 a year. The average cost of child care for preschool and school age children is between $15.00 and $21.00 per day while infant care is higher costing between $15.00 and $24.00 per day. Home-based care, a private residence where the child being cared for does not live, is typically less expensive than center-based child care. In-home care, the child care provider comes to the home of the child, is the most expensive, averaging approximately $5.15 per hour. The full count of children receiving in-home child care is not included in the recipients counted above.

policy box

In 2001 Governor Johanns proposed the Nebraska Early Childhood Initiative. The initiative includes $3 million from the general fund to support early childhood development programs to keep kids healthy, safe and successful. The state budget earmarks $1 million for fiscal year 2001-2002 and $2 million for fiscal year 2002-2003. This increases early childhood spending from $560,000 in 2000 to $1,560,000 in fiscal year 2001-2002 and $2,560,000 in fiscal year 2002-2003.

Economic Well-Being

Temporary Assistance to Needy Families (TANF)

Aid to Dependent Children (ADC) remains the title of government "cash assistance" in Nebraska. TANF focuses on non-cash resources and education to foster self-sufficiency among program recipients. Nebraska's Employment First Program was created to assist parents in acquiring and sustaining self-sufficiency within 48 months. Through Employment First, cash assistance may be drawn for 24 of the 48 months. Medicaid coverage, child care services and job support are also available to ADC recipients.

In Nebraska, ADC was provided to a monthly average of 10,506 families totaling $43,184,094, an average of $342.55 per family in 2000. Unfortunately, the maximum ADC payment amounted to approximately 32% of poverty. These families had 20,176 children. Of the families receiving ADC, 6,601 were also provided Food Stamps. The utilization of ADC has been dropping since a peak of 17,239 families in 1993. While the public may assume that this reduction is due to a decrease in child poverty in Nebraska, we are uncertain of the cause. The 2000 long form census data, expected to be released in its entirety in Spring 2002, may provide a much clearer picture of poverty in Nebraska and nation wide.

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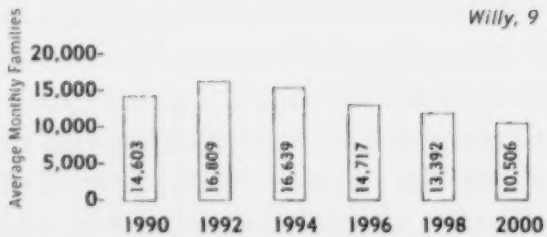
How many Nebraska families with children receive ADC?

1990-2000



Source: HHSS
Note: Average monthly participation levels.

Earned Income Tax Credit

In 2000, a total of $134,145,000 was claimed as Earned Income Tax Credit on 87,454 Nebraska tax returns. The federal government created this tax credit in an effort to assist low and moderate-income working families in retaining more of their earned income.

Single Parent Families

Single parent families are less likely to have sufficient support systems and adequate financial sources than two parent families. Shortage of these essential resources has been linked with greater parental stress and therefore greater occurrence of child abuse. Research shows that over 50% of our nation's children will spend all or part of their childhood in a single parent household. Forty-five percent of single parent families headed by a woman and 19% of single parent families headed by a man live in poverty, as compared to only 8% of married couples with children under the age of 18.[1] In 1996, census estimates showed approximately 22% of Nebraska families were headed by a single parent.

Divorce and Child Support

Divorce accounts for 46% of all single parent households.[2] In 2000, 6,304 marriages ended in divorce, the majority, 55.5%, of these divorces involved one or more children. In 43.4%, or 2,734, of these cases, child support was awarded to the custodial parent. Unfortunately, the court-awarded child support is not always received by the custodial parent. A parent can request HHSS assistance if they are not receiving the child support that they are owed. HHSS responded to 72,446 of these cases in 2000 and collected $13,255,034 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). On behalf of children whose parents were also owed child support but were not receiving TANF, $127,075,377 was collected.

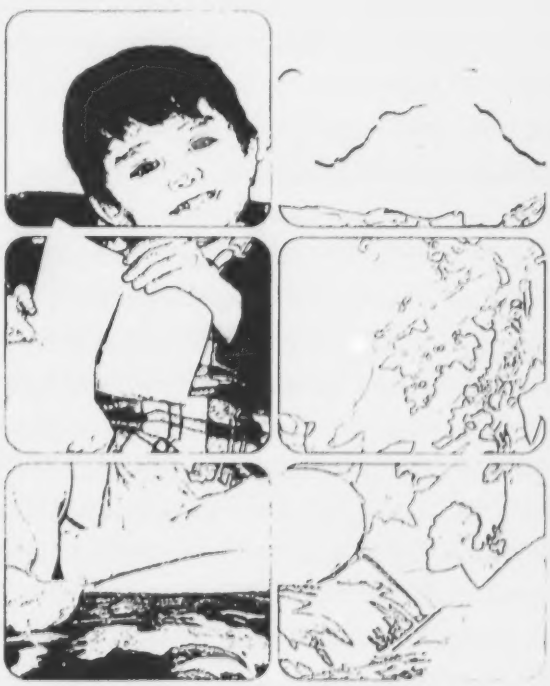
In 36.7% (2,310) of year 2000 divorce cases, sole custody was awarded to the mother, in 5.1% (321) of the cases sole custody was awarded to the father and in 9.2% or 578 of the cases sole joint custody was awarded to both parents. The remaining custody cases were recorded as "unknown or other."

2000 Federal Poverty Guidelines
(at 100% of poverty)

Size of Family Unit	Gross Annual Income
2	$11,250
3	$14,150
4	$17,050
5	$19,950
6	$22,850

Source: HHSS.

Note: The 1990 census estimates that 13% of all Nebraska children and 17% of Nebraska children under 5 live in poverty.



Christian, 4

Education

Treston, 10

High School Graduates

During the 1999 - 2000 school year, 21,917 Nebraska high school students were awarded diplomas. Eighty-two percent of the possible graduation cohort (26,479 1996-1997 9th graders) is estimated to have completed high school in 2000. Of these graduates, approximately 91% were white, 3.7% were black, 3.2% were Hispanic, 1.5% were Asian, and .5% were Native American or Alaska Native. GED or other certificates of high school completion were granted to 2,485 additional Nebraskans.

School Dropouts

During the 1999-2000 school year, 3,774 (2.5%) of all Nebraska students dropped out of school, 2,196 male and 1,578 female. Minority groups carry higher drop out rates than white students, 6% of white students dropped out of school. While Hispanic students made up 6% of Nebraska students, grades K-12, they comprised over 13% of the dropouts. Six percent of the students were black but they were over 16% of the total dropouts.

Dropouts by Race and Gender 1999-2000

Race/Ethnic Origin	Female	Male	TOTAL
White	1,007	1,431	2,438
Asian/Pacific Islander	19	32	51
Hispanic	212	291	503
American Indian Alaskan Native	75	83	158
Black	265	359	624
TOTAL	1,578	2,196	3,774

Source: Nebraska Department of Education

Expelled Students

During the 1999-2000 school year, 824 Nebraska students, grades 7-12, were offered alternative education opportunities in response to expulsion from the regular education program.

The School Discipline Act of 1994 requires expulsion for students found in intentional possession of a dangerous weapon and/or using intentional force in causing physical injury to another student or school representative. Students may be placed in an alternative school, class, or educational program upon expulsion from the regular program. The law encourages schools to provide alternative ways for expelled students to continue to make progress toward graduation. Prior to expulsion it is necessary for the student and his/her parents to develop a written plan outlining behavioral and academic expectations in order to be retained in an alternative program. Many schools are developing creative and motivating alternative programs to meet the needs of students.

Expulsions by Race and Gender 1999-2000

Race/Ethnic Origin	Female	Male	TOTAL
White	115	358	473
Asian/Pacific Islander	3	10	13
Hispanic	16	76	92
American Indian Alaskan Native	8	12	20
Black	68	158	226
TOTAL	210	614	824

Source: Nebraska Department of Education

impact box

- Dropouts comprise nearly half of the heads of households on welfare, and a similar percentage of the prison population.
- In 1992, dropouts earned slightly under $13,000 on average, about one-third less than high-school graduates.[2]
- In 1992, the majority of school dropouts were in general high school program; very few were in college preparatory programs.[3]
- Two out of every three Nebraska high school students complete the college preparatory program at their high school.[4]

Statewide Expulsions

1989-1990 through 1999-2000

1989-1990	237
1990-1991	235
1991-1992	284
1992-1993	273
1993-1994	209
1994-1995	283
1995-1996	443
1996-1997	615
1997-1998	663
1998-1999	849
1999-2000	824

Source: Nebraska Department of Education

Amanda, 12

Special Education

During the 1999-2000 school year, 43,866 (13.3%) of Nebraska students received special education services based on a count taken on December 1, 2000. It is important for a child's development and education that the need for special education be identified at an early age. There were 3,309 preschool children birth to age 5 with a verified disability also receiving special education services. School districts reported 6,759 students ages 16-21 with disabilities.

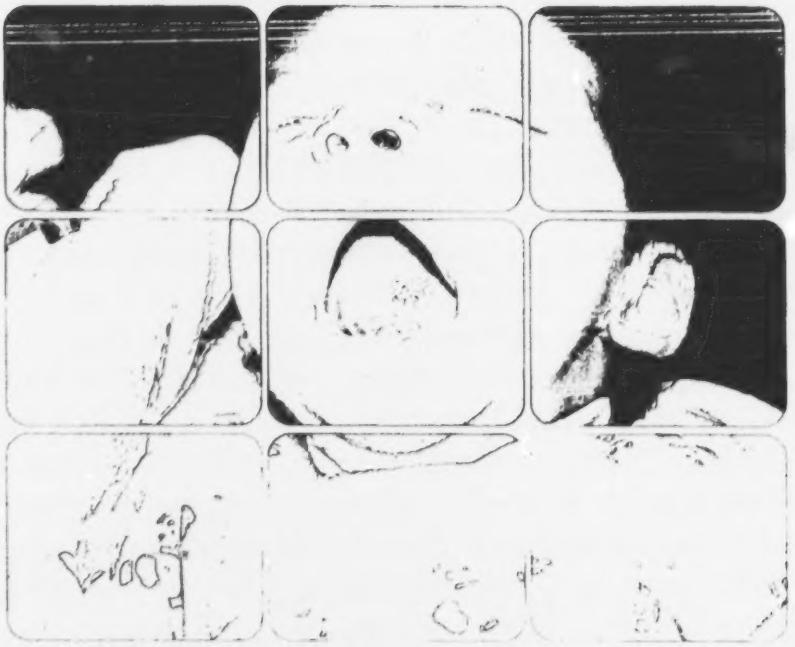
Health
and

Birth

In the year 2000, there were a total of 24,643 live births in Nebraska. Nearly 7% (1690) of these births were of low birth weight. Women age 19 and under became the mothers of 2,511 (10.2%) of the babies born, 6,697 (27.2%) were born to unwed parents and 4,112 (16.7%) were born to mothers who did not receive prenatal care during their first trimester of pregnancy.

Prenatal Care

According to the Centers for Disease Control and Prevention (CDC), nearly one third of American women who give birth will experience a pregnancy-related complication. Early and appropriate prenatal care can detect potential problems and may prevent serious consequences for both the mother and her baby. The CDC recommends starting prenatal care as early as possible, even prior to pregnancy. In 2000, 4,112 babies were born to Nebraska women who did not have prenatal care in the first trimester and 151 received no prenatal care during the entire pregnancy. Over 84% of white, 79.9% of Asian, and 66.7% of Hispanic newborns had mothers who received prenatal care in their first trimester of pregnancy.



Sebastian, 1 month

From 1991-2000, 433 infants died of birth defects prior to their first birthday. There is a correlation between the health of the mother prior to conception and birth outcomes. Women can take steps to improve the chances of a healthy birth prior to conception by living a healthy lifestyle that includes eating nutritious foods rich with folic acid.

Low Birth Weight

The highest predictor of death and disability and the second leading cause of infant mortality in the United States is low birth weight. A newborn weighing below 2,500 grams (5.5 pounds) is considered of low birth weight and a newborn weighing less than 1,500 grams (3.3 pounds) is considered of a very low birth weight. In Nebraska, 6.9% (1,690) of newborns were of low birth weight, 1.3% (313) were born with a very low birth weight.

Currently, smoking is attributed to close to one-fifth of all low weight births and is the single most known cause of low birth weight. If no pregnant woman smoked cigarettes, up to 20% of all low birth weight births could be prevented. Other factors related to low birth weight are low maternal weight gain, low pre-pregnancy weight, maternal illnesses, fetal infections and metabolic and genetic disorders, lack of prenatal care and premature birth.[1]

impact box

Being born low birth weight may affect a child's ability to learn.

- Children who were born low birth weight are more likely than children of normal birth weight to have mild learning disabilities, attention disorders, developmental impairments and breathing problems such as asthma.
- Children born very low birth weight have more learning problems and lower levels of achievement in reading, spelling and math than moderately low birth weight children.
- Approximately one-half of all very low birth weight children enroll in special education programs.

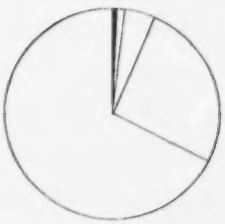
Source: The Future of Children

Physical Behavioral

Births to Teens

While teen birthrates have been falling in the United States, the Nation has the highest teenage pregnancy rate of all developed countries.[2] Research shows having children as a teenager can limit a young woman's educational and career opportunities, increase the likelihood that she will need public assistance and have negative effects on the development of her children.[3] In Nebraska, 788 babies were born to girls age 17 and under in 2000, a total of 8,358 from 1991-2000. Across a ten year span, teens age 15-17 were the mothers of 7,967 babies and 391 were born to mothers under age 15. Of the babies born to teen mothers ages 10-17 in 2000, 605 had white mothers, 130 were born to black mothers, 29 had Native American mothers, 16 were born to Asian mothers and 8 were unknown or other. In addition to reporting race, mothers may claim ethnicity. In 2000, 138 babies were born to mothers with Hispanic ethnicity.

Nebraska Teen births in 2000
2,511 births to mothers 13-19 years of age



2 births to mothers age 12
5 births to mothers age 13
115 births to mothers age 14-15
666 births to mothers age 16-17
1,723 births to mothers age 18-19

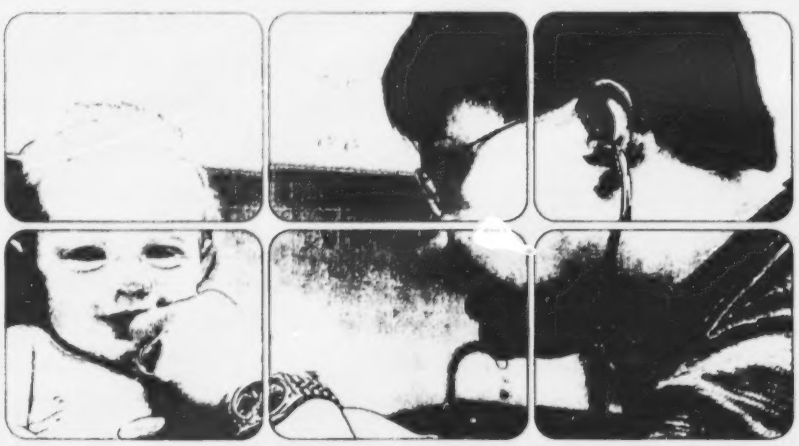
Source: Vital Statistics

Out-of-Wedlock Births

The risk of having children with adverse birth outcomes, such as low birth weight and infant mortality, is greater for unmarried mothers than for married mothers. Children born to unmarried mothers are also more likely to live in poverty than children born to married couples.[4] The likelihood that a mother will be married upon the birth of the child increases with the age of the mother up to age 35. In 2000, 94.2% (742) of the mothers age 17 and under were not married upon the birth of their child.

Immunizations

The national goal set by the CDC is that 90% of all children be immunized (except for preschool boosters) by the age of two. According to the National Immunization Survey for calendar year 2000, 75.5% of Nebraska two-year-olds have received four DTP (diptheria-tetanus-pertussis shots), three polio shots, one MMR (measles-mumps-rubella shot), three HIB (H. influenza type b), and three Hepatitis B. immunizations. The U.S. national average was 72.8%. Individual antigen rates for varicella (chicken pox) vaccine were 63.5%. The U.S. national average for varicella vaccine was 67.8%.



Jack, 6 month immunizations

There were 32 cases of pertussis (whooping cough) reported in Nebraska in 2000. This is an increase of 18 cases of pertussis over the 14 reported occurrences in 1999. From 1993-2000 there have been 144 total cases in Nebraska. Generally the disease does not have a strong effect on older children or adults; however, it can be easily passed to young children who may end up hospitalized or worse. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children.

Infant Mortality

Infant mortality rates are frequently used as an indicator of overall human well-being in a community. Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrialized nations.[5] In 2000, the infant mortality rate, deaths per 1,000 births, was 7.2, an increase from 6.8 in 1999. In 2000, 178 children died prior to their first birthday.

Nebraska residents lost 1,798 babies under the age of one from 1991-2000. Birth defects, 24%, were the number one cause of infant death in Nebraska in 2000, while 17% of deaths were attributed to Sudden Infant Death Syndrome (SIDS). Infant mortality rates are generally higher for minority populations. In 2000, white Nebraskans experienced an infant mortality rate of 6.3; while blacks experienced a rate of 20.4, Native Americans 16.4, and those of Hispanic origin had a rate of 7.3. The high infant mortality rates among minorities, especially black Americans, are related to a life long minority status.[6]

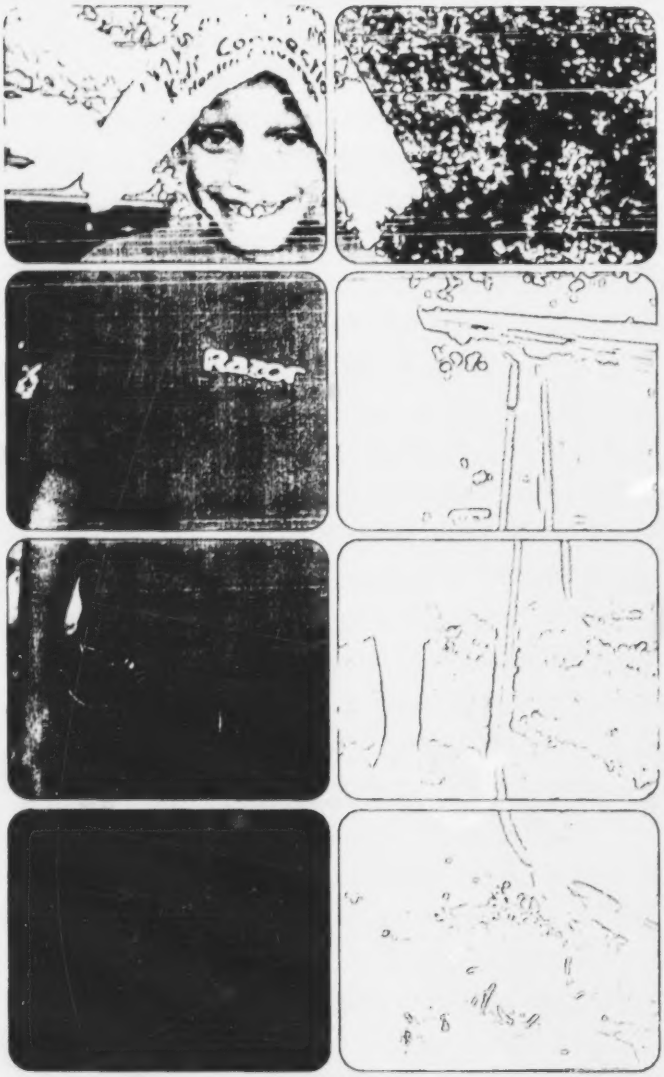
Child Deaths

In Nebraska close to half of child deaths are attributed to accidents. In 2000, 33% of the 174 total child deaths, children age 1-19, were due to motor vehicle accidents and approximately 10% were due to non-motor vehicle accidents. Eleven deaths were attributed to cancer, 18 children were lost to suicide and 21 to homicide in 2000. Two of the child homicides were attributed to child battering totaling 14 child battering deaths from 1991-2000. Substance abuse is often associated with suicide and homicide deaths.

Selected Causes of Death, by frequency
Ages 1-19 in Nebraska, 1991-2000

Causes	Frequency
Motor Vehicle Accidents	606
Non Motor Vehicle Accidents	266
Suicide	164
Homicide	141
Cancer	132
Birth Defects	76
Heart	64
Infectious/Parasitic	36
Asthma	25
Pneumonia	25
All Other Causes	260
TOTAL	**1,795**

Source HHSS



Kyle, 7 Insured by Kids Connection

Access to Health Care

Uninsured children tend to live in employed families who do not have access to insurance. Often the employer does not offer insurance, the insurance offered is too expensive or the insurance does not cover all of the necessary medical needs of the family. Many of these uninsured children are eligible for Kids Connection. Kids Connection provides free health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the State Children's Health Insurance Program (SCHIP) and the Nebraska Medical Assistance Program (Medicaid). Kids Connection provided health coverage for 120,041 Nebraska children in 2000, approximately 26% of all Nebraska children 18 and under. Before the SCHIP took effect in 1998, HHS estimated 24,000 Nebraska children were without health coverage and living in families with incomes below 185% of the poverty level. From September 1998 through December 2000, enrollment in the Kids Connection program increased by 32,271 with a total enrollment of 120,041. In September 2000, an estimated 12,000 income – eligible Nebraska children remained uninsured.

"I had the application for a year before I filled it out. Later, I thought my sister should apply so I said 'Let's fill it out together.' We used the buddy system. When we got Kids Connection, it felt like we'd been handed a million dollars."

- Panhandle Parent

Kids Connection Enrollment by Age
December 2000

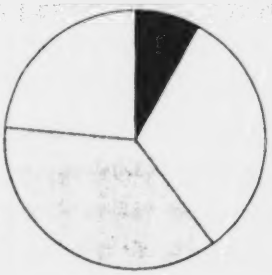
Age	Number Enrolled
Less than one year	11,474
1-5 years	38,046
6-14 years	52,432
15-18 years	17,223
TOTAL	**119,175**

Source: HHSS

Nebraska Medicaid Vendor Expenditures by Eligibility

Fiscal Year 2000
Total $900,344,071

ADC Adults	$73,292,154	8.1%
Aged	$285,146,669	31.7%
Blind & Disabled	$330,363,355	36.7%
Children*	$211,541,893	23.5%



** includes pregnant women not on ADC*

Source: HHSS

impact box

Lack of health insurance for children may impact their school performance.

- Most children in America's classrooms who are uninsured are eligible for low-cost or free children's health insurance.
- Uninsured children are less likely to receive proper medical care for sore throats, earaches and asthma – common childhood illnesses that are often the cause of school absences.
- One out of three uninsured children with recurring ear infections never see a doctor during the year.
- One in five uninsured children have untreated vision problems.

Source: The Future of Children

Blood Lead Levels

Blood lead testing is recommended for all children at 12 to 24 months of age. In 2000, only 13,294 children were reported having been tested for elevated blood lead levels and 518 were considered to have blood lead levels in the range where detrimental effects on health have been clearly demonstrated. Of the children tested during 1998, 1999 and 2000, minority children had a higher likelihood of having elevated blood lead levels. During the three year period, 3,127 African American children were tested with 11.2% having elevated blood lead levels, while of the 13,044 white children tested a lower 3.4% had high lead levels. Approximately 9.2% of the 3,573 Hispanic children tested and 6.3% of the 458 Native American children tested had elevated blood lead levels. Increased behavioral problems, malnutrition, significant detrimental physical and cognitive development problems can be attributed to elevated blood lead levels. Severe cases of lead poisoning can be fatal.

Children are commonly exposed to lead through deteriorated lead-based paints often present in houses built prior to 1950. Some homes built as recently as 1978 may also contain lead-based paint. The best way to protect children who are at risk is to properly maintain painted surfaces, thereby eliminating chipping and peeling paint. It is also beneficial to keep a child's home clean and dust free.

Nathan, 9 and Joe Joe, 2

Mental Health and Substance Abuse Treatment

The Nebraska Health and Human Service System (HHSS) funds some mental health and substance abuse services for children. Children who utilize these services are most often from lower income Nebraska families or are involved in the court system. Services paid for by private insurance are not included in the data and, therefore, the total is an underestimation of the number of children provided these services.

Regional Centers

During fiscal year 2000, the Lincoln Regional Center (LRC) served 47 Nebraska youth in their inpatient psychiatric program, 78 youth in the Adolescent Psychiatric Residential Program, 195 youth received services from the Adolescent OJS Program and 31 youth received services from the LRC Adolescent Sex Offender Community Residential Program. During fiscal year 2000, the Hastings Regional Center opened a program providing substance abuse treatment services for youth served at the Youth Rehabilitation and Treatment Centers (YRTCs). During the fiscal year, 42 youth were served in this program. No youth were served at the Norfolk Regional Center in 2000.

Community-Based Services

Out-patient programs with counseling for mental health and/or substance abuse, substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric service and therapeutic group home services are publicly funded services available through community-based organizations.

Mental health and substance abuse services through community-based programs were received by 3,858 Nebraska children ages 0-18 in 2000. Out of those children 2,909 received mental health services, 861 received substance abuse services and 88 received both mental health and substance abuse service. The Professional Partner Program served 607 children considered to have serious emotional disturbance.

Mental Health Problems Among Juvenile Offenders

Recently, Herz and Poland, researchers at the University of Nebraska – Omaha collaborated with Nebraska State Probation to assess the prevalence of mental health problems and substance abuse among adjudicated offenders court ordered to complete a Pre-Disposition Investigation. All offenders completing a PDI during the two-month study were asked to complete the Massachusetts AYSI-2, which was designed to identify potential mental health problems and the need for further evaluation.

Preliminary results from this study provided some insight into the role of mental health problems among this population. The table shows the results from the MAYSI-2. According to these findings, between one-quarter to one-third of these offenders reported enough symptoms to fall into the "caution" or "warning" categories for three of the four mental health scales. Particularly concerning, however, is the noticeable percentage of offenders (14%) that fell into these categories for Suicide Ideation.

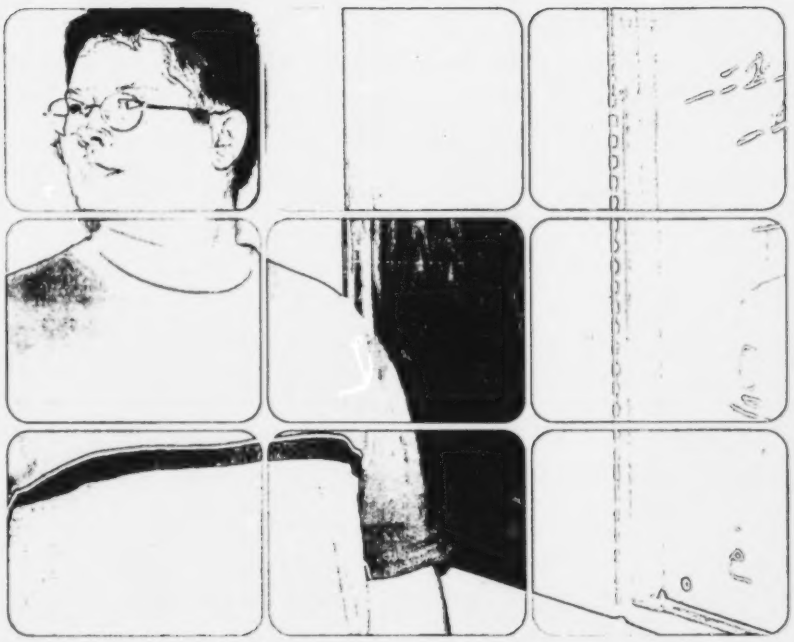
Prevalence of Mental Health Problems among Juvenile Offenders at the Pre-Disposition Stage using the MAYSI-2 Screening Instrument (N=232)

	Percent at or above "Caution" Cut-Off	Percent at or above "Warning" Cut-Off	Total in Potential Problem Range
Angry/Irritable	17%	13%	30%
Depressed/Anxious	17%	6%	23%
Somatic Complaints	31%	4%	35%
Suicide Ideation	3%	11%	14%

This study documents the prevalence of mental health problems among juvenile offenders. Although these findings are based on the results of screening tools, they provide a starting point for discussing the role of treatment (i.e., access and appropriateness) within the Nebraska Juvenile Justice System. For more information on the offenders' access to substance abuse and mental health treatment, see Herz & Poland (Forthcoming) *Assessing the Need for and Access to Mental Health Treatment Among Juvenile Offenders in Nebraska.*

Youth Risk Behavior Survey

The most recent Youth Risk Behavior Survey (YRBS) was conducted in 1999. Several large urban districts declined to participate; therefore urban youth in Nebraska may be under-represented by this sample. The YRBS is funded by a grant from the CDC and administered by HHS. The purpose of the YRBS is to monitor priority health-risk behaviors that contribute to the leading causes of death, disease and social problems among youth and adults. Much of the following data is based on this survey.



Brandon, 15

Health Risks for Teens: Alcohol, Tobacco and Other Drug Use

Alcohol, according to the YRBS, is the most frequently used substance among Nebraska teens. Fifty-six percent of the youth surveyed had consumed alcohol in the last 30 days prior to the survey. 43.7% of the boys and 38% of the girls had binged (drinking 5 or more drinks in a row) on alcohol. According to the YRBS 1999 report, approximately half of all motor vehicle crashes and homicides and suicides among youth involve alcohol. The report goes on to say that youth alcohol use is associated with increased occurrence of multiple sexual partners, marijuana use and lower academic performance. Some of the other drugs youth utilized were marijuana (31%), inhalants such as glue, paints or aerosols (13%), methamphetamines (8%) and cocaine (7%).

According to the US Department of Health and Human Services, the most preventable cause of death in the nation is tobacco use. In Nebraska, 37% of the students surveyed reported smoking cigarettes, 20% smoked cigars, cigarillos, or little cigars, and 12% had chewed tobacco or snuff at least once in the past 30 days.

Teen Sexual Behavior

Of the adolescents surveyed, 38% reported that they had experienced sexual intercourse at least one time in their life and 32% of the adolescents who reported having had sexual intercourse used alcohol or drugs prior to their last sexual intercourse. While the majority of these teens, 63%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or producing pregnancy, 37% did not. Twenty-six percent of the respondents reported having had sexual intercourse in the past three months and 26% have had intercourse with four or more people during their life.

Sexually Transmitted Disease (STD)

According to HHS, of the children age 19 and under in 2000, 2,164 (33% of the 6,494 total reported cases for all age groups) were reported to have a sexually transmitted disease (STD), 20 were reported HIV positive, and 17 were reported with having AIDS.

Motor Vehicle Crashes

The leading cause of deaths among Nebraska youth age 15-19 is automobile crashes. Although Nebraska's legal drinking age is 21, 20% of all drivers involved in alcohol-related motor vehicle accidents were between the ages of 15 and 20 in 2000. According to the YRBS, 46% of students reported riding in a vehicle driven by someone who had been drinking alcohol and 26% had driven a motor vehicle themselves when they had been drinking alcohol.

Juvenile Justice

The statutory intent of Nebraska's juvenile justice system is to provide individualized accountability and individualized treatment for juveniles in a manner consistent with public safety to those juveniles who violate the law. It is also to promote prevention efforts through the support of programs and services designed to meet the needs of those juveniles who are identified as being at risk of violating the law and those whose behavior is such that they endanger themselves or others. There is a list of eleven goals to be accommodated through the range of programs and services that are to be provided by the juvenile justice system.

When examining the information provided here on juvenile justice, it is important to remember that the juvenile justice "system" is comprised of various components and entities, which are not all under the same administration. Local law enforcement agencies are usually the first point of contact with an arrest for an offense committed by the juvenile. Probation, which is actually an arm of the court, will often be the next entity involved as they do a risk assessment to determine if the youth should be detained in a juvenile facility or can safely be returned to caregivers. The county attorney then makes a decision to prosecute. The court hears the case. Health and Human Services' Office of Juvenile Services (OJS) will then become involved if the juvenile is a status offender requiring services or is placed at a facility such as the Youth Rehabilitation and Treatment Centers (YRTC) in Geneva or Kearney, which are under OJS. After completing treatment the juvenile will usually be paroled and overseen by a juvenile services officer who is also under OJS. A violation of that parole (for both a status offender and a delinquent may result in the process beginning all over again with an arrest, another probation assessment, etc.

There is no single juvenile justice information system from which to gather and analyze data.[1] This presents a challenge when trying to provide a clear picture of the systems in our Kids Count Report and also makes it difficult for effective juvenile service planning.

Juvenile Arrests

In 2000, 18,782 Nebraska juveniles were arrested, a 7% decrease from last year. Male offenders make up over 70% of all juvenile arrests, mirroring adult male offenders who make up over 75% of all adult arrests. The most frequent causes of arrest (male or female) are larceny/theft and liquor law violations.

Probation

In 2000, 5,956 of Nebraska juveniles were on probation. This is a decrease of 1,256 juveniles on probation in 1999. Many, 1,054, of the juveniles supervised in 2000 were adjudicated in adult court and 1,786 were supervised for sex offenses. Statewide, 2,482 youth satisfactorily completed probation.

the Colors of My Life

Some days I'm the color of the light blue sky

Pretty and beautiful like the birds up high

Instead of sitting around and throwing a fit

To the commands of adults I do submit

This is the time I am most at peace

In my heart I feel at ease

Most days I am red hot, listen to adults,
I think not

I'd rather sit and fight all the time

To prove I'm in control,
and my life's rightfully mine

I usually don't care if it's the right place
and time

This is just my time of strife

Well, there it is... the color of my life

Tatiana, 15

Youth Rehabilitation and Treatment Centers (YRTC)

The Youth Rehabilitation and Treatment Centers were established in Kearney in 1879 and in Geneva in 1892. Their current mission is for Kearney: To provide each youth with the supervision, care and treatment that affords him the opportunity to become a law-abiding and productive citizen and for Geneva: To protect society through the various component areas that will help each youth to substitute socially acceptable behavior for previous delinquent conduct.

There were 600 males at Kearney and 159 females at Geneva for a total of 759 youth in YRTC care from July 1999 – June 2000. Geneva provides for an average of 92 females a day averaging 16 years old. The average amount of time a juvenile spent in Geneva was 7 months and Kearney was 147 days or almost 5 months. Sixty-nine percent of Geneva admissions were Caucasian, 12% were African American, 12% were Hispanic and 7% were Native American. Approximately 62% of the juveniles committed to Kearney were Caucasian, 18% were Hispanic, 14% were African American, 4% were Native American under 1% were Asian and 0.2% were other.

Victims of Rape

The Nebraska Crime Commission received 432 reports and supplement reports for rape (forcible and attempted) in 2000. All Nebraska law enforcement agencies voluntarily submit a supplemental report on each rape reported providing details of the incident with the exception of the Omaha Police Department. Eighty-four (excluding Omaha) of the rape victims were age 17 and under.

Adult Jail and Parole for Juveniles

As of June 30, 2000, 84 Nebraska youth under the age of 18 were in adult prisons. Of these juveniles, roughly 42% were incarcerated for robbery, burglary or theft while the remaining were held for drug offenses, weapon offenses, sex offenses and homicide. Six youth were held for homicide in 2000. As of June 30, 2000, there were 7 youth on parole from adult prisons. Studies show trying juveniles in adult court has not been found to be an effective intervention in reducing juvenile crime, however it is used nationally. Youth who are tried in adult court may be incarcerated in adult prisons.

policy box

Several legislative bills concerning juvenile justice were enacted during the 2000 legislative session. Legislation was passed:

- increasing the number of juvenile court judges
- changing powers and duties of the Commission on Public Advocacy and providing reimbursement procedures for indigent defense systems
- transferring juvenile placement determination duties from the court to the Office of Juvenile Services (if the court does not find the out-of-home placement decision of OJS is in the best interest of the youth, alternate treatment maybe ordered by the court.)
- providing county aid funding to assist counties in delivering juvenile services and consolidating other grant funded programs under the Coalition for Juvenile Justice
- providing $1 million for mental health services in the juvenile justice system

Nutrition

Food Stamps

Food Stamps are provided by the USDA to aid families who have incomes at or below 130% of poverty in maintaining a low-cost and healthy diet. Nebraska Health and Human Services (HHS) distributed Food Stamps to 85,262 persons or 36,214 households monthly in 2000. An average of $145.01 per household and $61.59 per person was received monthly totaling $63,015,015 for the year. There were 41,994 children ages 0-17 found eligible to receive Food Stamps.

KeiAndre, II

USDA Nutrition Programs

School Lunch

Families are eligible for free or reduced price lunches based on their income level through the USDA School Lunch Program. Families must have an income at or below 130% of poverty to receive free lunch and at or below 185% of poverty to receive reduced price meals. Through this program the USDA subsidizes all lunches served in schools. During the 2000-2001 school year 460 of the 793 school districts offered school lunches. An average of 77,714 children received free and reduced price lunches. Unfortunately, 93,914 children were found eligible for free and reduced price lunches leaving 16,200 eligible children not participating in school lunch. The Department of Education does not track how many children are eligible for reduced price or free school meals if the school does not offer meals, therefore the number of children who are eligible but do not have access to meals at their school is not available. A total of 208,639 children participated in the school lunch program in Nebraska.

School Breakfast

The USDA provides reimbursements to schools for breakfast as is done for lunch. During the 2000-2001 school year 443 schools in 162 districts participated in the school breakfast program, leaving 1,134 schools in 631 districts that do not offer breakfast. An average of 35,910 students benefited from the breakfast program. An average of 22,103 students received free breakfast while 3,903 students were charged a reduced price for their school breakfasts. A total of $33,824,071 was spent for all breakfasts and lunches in fiscal year 2000.

Summer Food Service Program (SFSP)

During the summer months children may not get the nutrition that is available to them during the school year through the USDA school meal programs. The USDA Summer Food Program was created to meet the nutritional needs of children and low-income adults during the summer. A total of 7,100 Nebraska children participated in the SFSP in 2000. Only 15 counties offer the SFSP with 80 sites available. This is a decrease of 23 sites from 1999. Due to 24 of the sites offering two meals daily the actual unduplicated number of child participants may be lower than the total given. One child may be counted twice for receiving both breakfast and lunch daily.

Commodity Distribution Program

The USDA purchases surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens and pantries. In 2000, 61,156 Nebraska households were served through the Commodity Distribution Program, an average of 5,097 households per month. A monthly average of 47,852 meals were served in soup kitchens through this program, totaling 574,224 meals.

Child and Adult Care Food Program

In 2000, an average of 12,438 daily lunches were provided in child and adult care centers and 17,481 in homes through this food program.

Commodity Supplemental Foods Program (CSFP)

Women who are pregnant, breast-feeding and postpartum or families with infants and children up to age 6, who are at or below 185% of poverty are eligible for the USDA Commodity Supplemental Foods Program. The program provides surplus commodity foods such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula and cereal to eligible participants. A monthly average of 1,376 women, infants and children were served by CSFP totaling 17,888 food packages for fiscal year 2000. Seniors age 60 or older who are at or below 130% of poverty may also participate in the program. Seniors received 144,420 food packages averaging 12,035 per month. There are 69 CFSP distribution sites serving all 93 counties.

CSFP – Fiscal Year 2000

	WOMEN	INFANTS	CHILDREN	SENIORS	TOTAL
Average Monthly Served	225	57	1,094	12,035	13,411
Total Food Packages	2,700	684	13,128	144,420	160,932

Source: HHSS

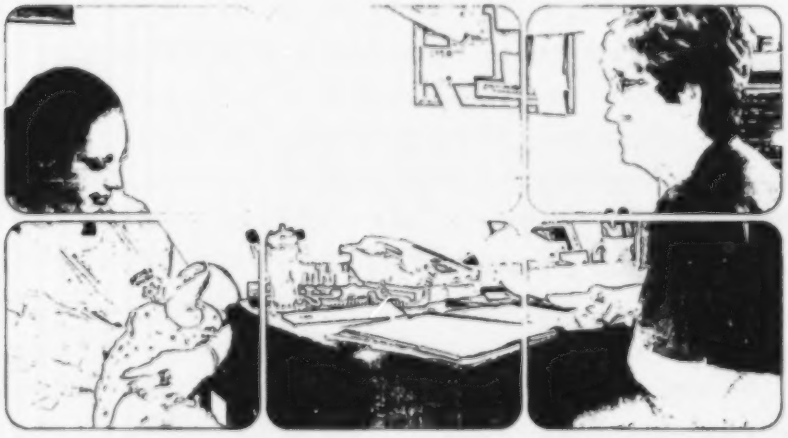
WIC

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. WIC served an average of over 7.2 million participants per month through 10,000 clinics nationwide in 2000. WIC provides supplemental foods such as milk, juice, cheese, eggs and cereal to Nebraska's pregnant, postpartum and breastfeeding mothers, infants and children up to age five who have a nutritional risk and meet the income guidelines of up to 185% of poverty. Parents, guardians and foster parents are encouraged to apply for benefits. The Nebraska WIC Program served 56% of the estimated income eligible persons for 2000 based on average monthly participation. Of the 24,949 babies born in Nebraska in 2000, 40% (9,916) were on WIC. Participation has been fairly steady over the past 4 years (1997-2000). Average participation per month was 32,194 women, infants and children in 2000. Studies have shown Medicaid costs were reduced on average between $12,000 and $15,000 per infant for every very low birth-weight (less than 1500 grams) prevented. Costs for food benefits and nutrition services average approximately $600 per year for a pregnant woman on WIC. WIC children demonstrate better cognitive performance. Participation in the program helps ensure children's normal growth, reduce levels of anemia, increase immunization rates, improve access to regular health care and improve diets.

WIC Participants

Year	Average Monthly Program Participants
1990	20,641
1991	25,915
1992	28,714
1993	31,885
1994	33,592
1995	35,059
1996	35,376
1997	32,351
1998	31,107
1999	32,379
2000	32,194

Source: HHSS



Chance, 6 weeks old, in WIC office in the PanHandle.

"Having WIC has been great, not only financially but the good information they provide. So much has changed since I had my first child."

-Raelynn

Out-of-Home Care

Nebraska children may be placed in out-of-home care as a result of parent/guardian abusive or neglectful behavior or their own delinquent or uncontrollable behavior. Nebraska Health and Human Services (HHS) is responsible for most of the children in out-of-home care because they are court ordered into care as wards of the state. There are a small number of children placed in private residential facilities who are not considered wards of the state. A child in out-of-home care may reside in a variety of placements such as foster homes, group homes, residential treatment facilities or juvenile correction facilities.

State Foster Care Review Board (FCRB)

In 1982, the FCRB was created as an independent agency responsible for reviewing the plans, services, and placements of children who have been in out-of-home care for six months or longer. A staff of over 350 trained citizen volunteers serve on local FCRB boards to engage in this important review process. Completed reviews are shared with all case involved legal parties. The FCRB also has an independent tracking system for all children in out-of-home care, and regularly disseminates information on the status of Nebraska children in out-of-home care. With the exception of the approved and licensed foster care home data and adoption data, all of the data in this section was provided by the FCRB through their independent tracking system.

Rachel, 13 Adopted

How Many Children Are in Out-of-Home Care?

In 2000, there were a total of 10,838 Nebraska children in out-of-home care. On January 1, 2000 there were 5,557 children in out-of-home care, during the year 5,281 entered care while 4,328 exited leaving 6,286 children in care on December 31, 2000. Of the 5,281 children who entered care in 2000, 2,405 or 45% were placed in out-of-home care for the first time and 2,876 for the second or more times. Of the 6,286 children on December 31, 2000, 5,639 were HHS wards.

Neglect is the most commonly recorded cause for removal of a child from their parent or guardians home. Neglect has several forms that range from outright abandonment to inadequate parenting skills which effect child well-being. The child's behavior is the second most prevalent cause of placement followed by physical abuse.

There are a variety of placement possibilities for children in out-of-home care. Of the 6,286 children in care on December 31, 2000, there were 2,501 (approximately 40%) in foster homes, 1,123 in group homes or residential treatments centers, 884 placed with relatives, 583 in jail/youth development center and 267 in emergency shelter. The remaining children were involved in Job Corp/school or lived in pre-adoptive homes, centers for the disabled, psychiatric, medical, or drug/alcohol treatment facilities, or child caring agencies. Lastly, 118 were runaways/whereabouts unknown and 62 were living independently as they were near adulthood.

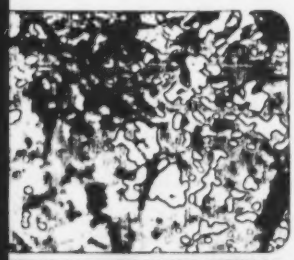
Reasons Children Entered Out-of-Home Care in 2000

Neglect	3,207
Child's Behaviors	942
Physical Abuse	801
Parental Substance Abuse	779
Child's Physical or Emotional Needs	430
Other	320
Sexual Abuse	306
Emotional Abuse	226

**Up to three reasons are allowed for each child therefore the numbers may be duplicated*

Source: State Foster Care Review Board

nd Adoption



Licensed and Approved Foster Homes

As of June 2000, there were 1,528 licensed foster homes, decrease from past years. The number of approved foster homes continues to rise with 1,861 an increase of 463 homes from 1999. This increase has helped make up for the lack of licensed foster homes, however this may cause additional concerns. All foster homes are required to pass background checks consisting of reference checks, a local criminal record check, and child abuse registry checks. Licensed providers must participate in a series of interviews and complete initial and ongoing training. Approved providers are usually relatives or individuals who have known the child or family prior to placement and are not required to pass the same approval process as licensed providers. Due to the lack of training required, approved providers may provide care for the child or children from one family only. Approved providers must pass an in-home evaluation.

According to HHS, a total of 3,389 approved and licensed foster homes were available in Nebraska in 2000. Foster care providers are desperately needed for older children and children with special needs. Individual homes are the most ideal and least institutionalized environment for children placed in out-of-home care.

If you are interested in making a difference in a child's life by becoming a foster parent, please call 1-800-7PARENT for information.

Multiple Placements

Unfortunately, it is typical for a child to be moved repeatedly while in out-of-home care. The FCRB tracking system counts each move as a placement, therefore, if a child was placed in a foster home, then sent to a mental health facility, then was placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.

Number of Placements Experienced by Children in Out-of-Home Care

Number of Placements	In Care on Dec. 31, 1990	In Care on Dec. 31, 2000
4 or more	32.5% (1,570 of 4,832)	48.1% (3,026 of 6,286)
6 or more	20.3% (981 of 4,832)	33.0% (2,071 of 6,286)

Source: State Foster Care Review Board

impact box

HHS Protection and Safety caseworkers completed a survey for each child on his/her caseload on November 30, 2000, including children placed in out-of-home care. Completed surveys were reviewed by Protection and Safety Supervisors and the HHS Deputy Director for Protection and Safety.

According to this point-in-time survey, about 42% of the youth in out-of-home care had no mental or physical diagnosis reported; 15% had a Depressive Disorder, 15% had an Oppositional Defiant Disorder, 13% and a Conduct Disorder, 13% had an Attention Deficit/Hyperactivity Disorder or a Disruptive Behavior Disorder. These diagnoses are reflective of the kind of diagnoses a child with a background of abuse, neglect, status offenses, or delinquent behavior may have. Please note that 42% of the children did not have a reported diagnosis. Many children who are in out-of-home care and both mentally and physically healthy and well adjusted.

Source: HHSS

Race and Ethnicity

Minority children continue to be over-represented in the Nebraska out-of-home care system. Minority children make up approximately 14% of Nebraska's child population (according to 1998 census estimates), however they represent approximately 25% of children in out-of-home care.

Out-of-Home Care Children by Race (December 31, 2000)

Race	Percent in Care
White	59.3%
Black	17.3%
Other/not known	7.7%
Native American	7.6%
Hispanic	6.8%
Asian	1.3%

Source: State Foster Care Review Board

Adoption Services

Adoption is the preferred permanency plan for children who cannot be safely reunited with their biological family. In 2000, there were 402 adoptions finalized in Nebraska agencies, an increase over the 380 adoptions finalized in 1999. Subsidies are available to help remove some barriers associated with adopting children who are older, need to be placed with one or more siblings, are of minority races or who have special behavioral, emotional or physical needs.

Mark, 16

policy box

Governor Mike Johanns announced that Nebraska received $140,684 as an adoption incentive bonus because of a 47% increase in the number of adoptions of children who are state wards. The bonus was awarded by the U.S. Department of Health and Human Services, and is part of the Adoption and Safe Families Act of 1997.

In 2000, Legislative Bill 209 was enacted requiring culturally sensitive training for the foster parents of Native American children.

County Data Notes

1. TOTAL COUNTY POPULATION

   Source: 1990 U.S. Census of Population and Housing, Summary Tape File 3A (STF3A).

2. CHILDREN 17 AND UNDER

   Source: 1990 U.S. Census of Population, STF3A.

3. CHILDREN 5 AND UNDER

   Source: 1990 U.S. Census of Population, STF3A.

4. BIRTHS IN 2000

   Source: Nebraska Health and Human Services System (NHHSS).

5. MINORITY CHILDREN (Native American, Hispanic, Black, Asian, and Children of Other Race)

   Source: 1990 U.S. Census of Population, STF3A.

6. CHILDREN LIVING IN SINGLE PARENT FAMILIES (Single Head of Household may be male or female)

   Source: 1990 U.S. Census of Population, STF3A.

7. PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES

   Source: 1990 U.S. Census of Population, STF3A.

8. PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES

   Source: 1990 U.S. Census of Population, STF3A.

9. PERCENT OF CHILDREN LIVING IN POVERTY

   Source: 1990 U.S. Census of Population, STF3A.

10. PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY

    Source: 1990 U.S. Census of Population, STF3A.

11. PERCENT OF MINORITY CHILDREN LIVING IN POVERTY

    Source: 1990 U.S. Census of Population, STF3A.

12. PERCENT OF CHILDREN UNDER 6 YEARS OF AGE WHOSE MOTHERS WORK OUTSIDE THE HOME

    Source: 1990 U.S. Census of Population, STF3A.

13. AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC in 2000

    Source: NHHSS.

14. AVERAGE MONTHLY NUMBER OF CHILDREN ELIGIBLE FOR MEDICAID SERVICES in 2000

    Source: NHHSS.

15. NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE TO PARTICIPATE IN WIC SERVICES IN 2000

    Source: United States Department of Agriculture.

16. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 2000

    Source: NHHSS.

17. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 2000

    Source: Nebraska Department of Education.

18. AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR SUBSIDIZED SCHOOL LUNCH 2000

    Source: Nebraska Department of Education.

19. AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 2000

    Source: Nebraska Department of Education.

20. BIRTHS TO TEEN AGES 10 TO 17 YEARS FROM 1991 to 2000

    Source: NHHSS.

21. OUT OF WEDLOCK BIRTHS FROM 1991 TO 2000

    Source: NHHSS.

22. INFANT DEATHS 1991 TO 2000

    Source: NHHSS.

23. DEATHS IN CHILDREN AGES 1 TO 19 FROM 1991 TO 2000

    Source: NHHSS.

24. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHT IN 2000

    Source: NHHSS.

25. HIGH SCHOOL GRADUATES 2000

    Source: Nebraska Department of Education.

26. SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 1999-2000

    Source: Nebraska Department of Education.

27. NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 1999-2000

    Source: Nebraska Department of Education.

28. COST PER PUPIL (Public Expenditures) FOR THE SCHOOL YEAR 1999-2000

    Source: Nebraska Department of Education.

29. HEAD START ENROLLMENT FOR 2000

    Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30. CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 2000. Total includes voluntary placements. Unreported and tribal court commitments are not included in the county breakdowns.

    Source: Nebraska Foster Care Review Board.

31. REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 1996-2000

    Source: NHHSS.

32. JUVENILE ARRESTS 2000

    Source: Nebraska Crime Commission and Omaha Police Department.

Please note: 2000 census data was not available for all county data fields. To avoid any confusion or inaccurate data comparisons by Kids Count users, we opted not to utilize the 2000 census data. A County Data Supplement will be available in the spring when all of the 2000 census data is available.

County Data

Kids Count 2001 Report

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	1. TOTAL POPULATION	2. CHILDREN AGES 0-17	3. CHILDREN UNDER 5	4. 2000 BIRTHS	5. MINORITY CHILDREN	6. CHILDREN WITH SINGLE PARENTS	7. % POOR WITH SINGLE PARENTS	8. % POOR TWO PARENTS	9. % CHILDREN IN POVERTY	10. % UNDER 5 IN POVERTY	11. % MINORITY IN POVERTY	12. % UNDER 6 WORKING MOM	13. FAMILIES ON ADC	14. MEDICAID ELIGIBLE CHILDREN	15. WIC INCOME ELIGIBLE	16. 00 AVE. MONTHLY WIC PARTICIPATION
ADAMS	29625	7393	2118	421	120	1162	59	41	13	15	19	77	163	2091	1011	663
ANTELOPE	7965	2452	656	73	31	234	21	79	23	29	87	58	22	591	503	100
ARTHUR	462	114	36	6	2	0	0	100	19	28	0	33	1	17	33	9
BANNER	852	251	66	3	8	11	18	82	29	36	0	64	1	59	50	9
BLAINE	675	183	41	9	0	0	0	100	39	51		63	2	52	32	14
BOONE	6667	1943	534	57	16	107	15	85	16	20	63	70	16	373	33	139
BOX BUTTE	13130	4172	1098	152	413	713	58	42	14	18	46	60	80	1000	523	312
BOYD	2835	765	175	13	7	50	11	89	29	32	71	52	6	178	145	41
BROWN	3657	993	256	42	10	127	21	79	23	33	0	65	5	305	197	82
BUFFALO	37447	9641	2707	600	464	1226	50	50	12	14	25	78	240	2977	1124	853
BURT	7868	2096	518	85	80	234	33	67	21	23	56	66	26	445	378	116
BUTLER	8601	2391	605	116	40	258	39	61	11	15	13	70	27	444	282	92
CASS	21318	6128	1687	326	161	729	35	65	8	13	18	69	80	1364	941	295
CEDAR	10131	3146	844	98	6	134	13	87	14	11	0	73	7	406	445	110
CHASE	4381	1259	329	42	52	163	28	72	14	19	70	53	8	235	248	55
CHERRY	6307	1807	515	77	174	188	20	80	34	47	69	61	26	586	466	192
CHEYENNE	9494	2621	719	132	166	485	54	46	13	21	43	81	31	639	390	176
CLAY	7123	1943	473	88	54	200	40	60	13	13	59	69	34	520	266	149
COLFAX	9139	2542	722	166	112	211	18	82	11	15	7	68	44	553	337	350
CUMING	10117	2844	728	137	34	241	19	81	11	10	0	74	19	527	398	197
CUSTER	12270	3308	841	130	95	338	31	69	17	21	61	73	39	1046	456	236
DAKOTA	16742	5046	1414	374	723	859	55	45	15	19	28	73	105	1698	733	700
DAWES	9021	2311	577	100	194	399	57	43	22	36	77	71	57	748	408	180
DAWSON	19940	5546	1385	465	350	670	48	52	13	20	13	70	138	2374	931	1082
DEUEL	2237	602	137	19	73	78	42	58	17	31	62	59	9	120	131	29
DIXON	6143	1727	458	76	14	155	23	77	16	18	29	79	15	352	282	103
DODGE	34500	8992	2376	469	231	1189	51	49	10	14	35	75	115	2063	1202	665
DOUGLAS	416444	112059	33192	7558	23129	25497	78	22	15	20	41	71	4,800	34607	14788	8236
DUNDY	2582	658	130	29	10	63	34	66	10	5	10	75	8	140	55	40
FILLMORE	7103	1877	487	80	15	141	23	77	9	9	55	65	16	376	213	86
FRANKLIN	3938	919	258	36	20	73	13	87	14	5	35	62	19	222	138	55
FRONTIER	3101	875	196	27	17	93	16	84	22	22	29	57	7	176	165	49
FURNAS	5553	1350	287	59	45	101	27	73	15	21	53	57	21	412	188	136
GAGE	22794	5537	1520	259	111	855	42	58	17	23	7	81	65	1368	828	339
GARDEN	2460	574	159	17	6	69	38	62	24	22	0	84	8	182	88	18
GARFIELD	2141	553	135	19	2	49	23	77	22	16	0	73	2	140	94	42
GOSPER	1928	476	104	24	0	36	31	69	11	17		71	3	102	71	24
GRANT	769	228	64	10	3	32	58	42	16	23	0	64	1	55	41	16
GREELEY	3006	933	209	32	8	102	36	64	15	19	0	79	11	221	132	86
HALL	48925	13960	3851	859	1251	2059	52	48	14	19	36	76	521	4839	1854	1815
HAMILTON	8862	2598	678	96	99	216	19	81	11	11	25	75	33	473	305	160
HARLAN	3810	941	244	29	0	71	26	74	15	19		70	9	207	163	46

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HAYES	1222	331	91	9	0	9	5	95	23	42		54	1	41	69	9
HITCHCOCK	3750	1075	252	29	22	73	18	82	19	16	0	68	9	278	154	56
HOLT	12599	3818	1057	121	23	298	16	84	17	22	0	65	40	965	665	305
HOOKER	793	198	49	9	4	24	65	35	13	8	0	78	0	54	23	14
HOWARD	6055	1709	431	73	36	144	29	71	16	20	12	71	27	429	247	128
JEFFERSON	8759	2146	567	104	51	162	42	58	10	8	41	73	24	490	273	98
JOHNSON	4673	1140	267	45	41	142	36	64	15	15	20	79	12	216	139	63
KEARNEY	6629	1774	506	74	20	216	30	70	14	21	32	69	20	398	293	94
KEITH	8584	2386	611	90	242	337	31	69	12	13	34	75	33	602	360	233
KEYA PAHA	1029	270	50	13	0	21	18	82	35	34		45	3	75	47	12
KIMBALL	4108	1125	283	45	113	195	50	50	14	12	23	57	12	316	157	82
KNOX	9534	2498	607	95	209	232	20	80	26	27	60	74	59	856	395	153
LANCASTER	213641	50912	15112	3758	3957	8605	62	38	10	14	36	75	1,135	13474	5420	4515
LINCOLN	32508	9353	2383	450	821	1626	59	41	16	23	47	58	281	2764	1221	868
LOGAN	878	292	71	13	4	15	21	79	18	20	0	64	2	41	47	15
LOUP	683	188	49	8	2	10	17	83	13	0	100	57	1	47	35	14
MADISON	32655	9389	2663	529	445	1269	54	46	10	10	23	78	194	2797	1090	869
MCPHERSON	546	161	40	4	0	9	10	90	58	43		74	1	17	30	8
MERRICK	8042	2263	576	81	34	199	37	63	14	18	0	65	32	520	398	156
MORRILL	5423	1511	394	66	176	126	21	79	20	26	48	54	24	499	244	134
NANCE	4275	1220	335	50	39	76	19	81	16	22	26	77	18	293	204	84
NEMAHA	7980	1950	511	80	28	182	36	64	12	18	56	54	31	473	264	101
NUCKOLLS	5786	1509	343	43	9	135	20	80	18	26	22	71	22	336	212	83
OTOE	14252	3681	951	183	101	349	26	74	14	19	42	72	49	772	483	216
PAWNEE	3317	778	213	29	22	108	19	81	16	17	0	66	9	152	157	34
PERKINS	3367	1000	226	34	17	74	17	83	21	15	24	61	7	143	96	34
PHELPS	9715	2619	705	112	109	361	42	58	12	21	33	86	36	586	347	123
PIERCE	7827	2297	619	98	49	204	32	68	12	14	20	68	19	503	338	103
PLATTE	29820	9277	2579	466	228	875	37	63	11	12	10	75	135	1778	1191	636
POLK	5675	1541	344	68	8	119	14	86	11	9	43	75	14	250	131	72
RED WILLOW	11705	3136	838	153	113	492	43	57	16	20	11	72	33	846	493	291
RICHARDSON	9937	2539	695	79	54	232	43	57	13	19	6	66	46	725	431	143
ROCK	2019	588	144	14	0	99	35	65	23	35		52	4	150	110	45
SALINE	12715	3135	827	171	65	297	35	65	12	13	37	80	30	694	290	280
SARPY	102583	32992	9536	2102	3991	3728	51	49	6	7	9	67	330	3784	3341	1388
SAUNDERS	18285	5186	1365	227	87	463	28	72	12	14	10	71	32	877	765	193
SCOTTS BLUFF	36025	10110	2561	531	2682	2095	50	50	22	32	43	63	402	4368	1879	1088
SEWARD	15450	4073	1069	208	92	416	45	55	12	14	42	75	30	591	453	195
SHERIDAN	6750	1897	405	75	253	288	35	65	26	33	58	58	53	609	335	141
SHERMAN	3718	1052	242	36	12	88	15	85	20	19	50	70	9	229	193	70
SIOUX	1549	409	100	8	24	43	21	79	26	26	43	65	1	40	96	11
STANTON	6244	2077	572	70	19	191	32	68	16	22	53	58	9	340	356	61
THAYER	6635	1647	382	56	54	180	29	71	17	27	50	79	14	374	303	85
THOMAS	851	266	52	6	16	58	28	72	28	38	50	73	1	44	38	12
THURSTON	6936	2428	757	155	1464	686	64	36	42	49	61	65	307	1612	664	53
VALLEY	5169	1290	322	38	5	117	48	52	13	23	0	75	17	377	251	100
WASHINGTON	16607	4613	1063	217	73	436	33	67	5	9	40	72	31	573	453	148
WAYNE	9364	2248	642	88	39	227	27	73	15	17	20	70	31	382	326	103
WEBSTER	4279	1012	263	48	19	80	26	74	15	17	32	70	9	211	140	67
WHEELER	948	311	89	13	2	12	2	98	18	29	0	43	0	72	55	34
YORK	14428	4013	1143	159	83	344	24	76	7	11	27	67	28	843	431	221
STATE TOTAL	**1,578,385**	**429,187**	**175,353**	**24,643**	**44,303**	**66,385**	**53**	**48**	**14**	**17**	**37**	**71**	**10506**	**114021**	**57561**	**32138**

County Data

Kids Count 2001 Report

	17. FREE/SUBSIDIZED BREAKFAST	18. FREE/SUBSIDIZED SCHOOL LUNCH	19. SUMMER FOOD PROGRAM	20. TEEN BIRTHS 10-17 1991-2000	21. OUT OF WEDLOCK BIRTHS 1991-2000	22. INFANT DEATHS 1991-2000	23. 1-19 DEATHS 1991-2000	24. LOW BIRTH WEIGHT 2000	25. GRADUATES 1999-2000	26. DROPOUTS 1999-2000	27. SPECIAL EDUCATION 1999-2000	28. COST PER PUPIL 1999-2000	29. HEAD START 2000	30. FOSTER CARE 2000	31. STDs 19 & UNDER 1996-2000	32. JUVENILE ARRESTS
ADAMS	356	2643	424	134	984	31	33	30	362	53	875	6305	125	139	131	401
ANTELOPE	49	1267		18	139	1	9	2	133	2	198	6953	18	10	8	16
ARTHUR	0	0		0	2	0	0	1	12	0	12	11070	0	0	0	0
BANNER	0	189		1	7	0	3	0	13	0	24	9577	0	3	0	1
BLAINE	0	131		2	6	0	1	2	20	0	14	10120	0	0	1	0
BOONE	78	478		18	113	4	9	2	99	7	162	6130	18	10	6	17
BOX BUTTE	0	1507	1304	83	467	15	16	10	205	15	349	6296	66	25	15	262
BOYD	0	427		13	37	3	6	1	60	2	90	7468	0	1	1	11
BROWN	47	347		15	63	3	7	5	49	4	82	6651	18	5	2	0
BUFFALO	843	5035	9877	151	1240	37	38	41	499	44	1175	5694	116	109	202	410
BURT	125	979		25	187	5	10	3	112	17	228	5977	17	21	10	52
BUTLER	84	1415		25	156	6	2	6	134	10	203	6273	20	29	10	30
CASS	596	2895	464	107	673	25	30	23	267	35	677	6141	152	56	68	111
CEDAR	159	1962		12	141	11	19	0	176	2	235	6465	17	12	2	11
CHASE	0	705		20	86	4	5	5	86	8	147	7114	10	1	2	51
CHERRY	141	731		20	141	3	6	3	80	11	97	6975	28	1	1	43
CHEYENNE	257	1427	2997	54	302	10	10	8	137	21	246	6825	43	59	7	57
CLAY	79	728		26	148	8	12	5	135	9	305	7303	20	29	5	4
COLFAX	0	1690		64	398	17	17	11	172	32	280	5662	47	24	23	141
CUMING	88	1906		35	244	6	12	6	185	11	315	6004	43	8	3	33
CUSTER	158	1710		41	235	8	16	10	157	5	243	6669	20	26	14	22
DAKOTA	561	2618	6828	170	1136	38	14	29	225	86	561	5422	90	49	129	366
DAWES	310	631		26	261	6	5	5	176	106	272	6799	60	3	61	35
DAWSON	353	3159	2379	194	1267	42	40	30	329	55	656	5735	61	99	66	427
DEUEL	0	348		8	36	2	1	0	47	6	63	7828	19	13	1	9
DIXON	104	634		26	154	7	8	4	70	6	101	5901	0	17	7	61
DODGE	321	5170	578	138	1063	33	34	34	474	96	1113	5891	125	160	101	267
DOUGLAS	1619	25991	46,406	2952	21728	591	451	590	5190	1583	11059	6115	893	2149	5182	5427
DUNDY	27	264		3	38	0	5	6	38	0	59	8344	0	0	1	11
FILLMORE	98	991		21	121	4	4	9	101	5	238	7513	20	7	73	26
FRANKLIN	0	414		10	51	1	4	3	40	0	83	7384	15	4	2	25
FRONTIER	89	669		8	44	1	7	2	68	3	127	7441	10	2	6	16
FURNAS	245	1077		20	91	6	6	3	104	8	200	7678	20	6	7	18
GAGE	66	1113		106	559	22	32	20	250	22	583	5992	60	33	53	204
GARDEN	0	320		3	21	2	2	0	20	2	45	10018	6	10	1	13
GARFIELD	0	237		2	25	3	5	1	43	2	58	6969	17	2	1	2
GOSPER	50	227		4	36	2	1	2	16	0	53	6375	0	5	3	27
GRANT	0	127		1	5	1	3	1	24	1	14	9167	0	1	0	8
GREELEY	96	593		11	70	0	5	2	61	1	107	7458	17	5	1	27
HALL	1164	6379	8118	437	2587	71	63	60	656	112	1484	5736	170	262	196	1036
HAMILTON	0	1373		27	154	8	9	2	146	9	241	5984	18	17	16	87
HARLAN	51	291		7	50	2	4	0	36	5	45	6429	10	2	3	0

HAYES	0	125		3	8	0	2	0	20	0	27	8739	0	0	2	0
HITCHCOCK	77	312		18	61	4	3	0	34	1	84	8822	10	5	0	6
HOLT	344	1600		35	216	8	20	3	217	11	292	6637	37	31	12	99
HOOKER	0	124		2	8	0	0	1	25	0	28	9460	0	0	0	0
HOWARD	211	1309		32	153	7	11	2	104	3	282	6221	22	19	11	34
JEFFERSON	199	1510		36	142	6	8	4	160	20	299	6707	18	20	19	100
JOHNSON	29	691		10	81	3	8	5	87	13	142	7216	0	6	8	13
KEARNEY	88	814		15	121	10	13	4	119	9	229	6295	17	16	7	29
KEITH	16	787		53	224	7	7	10	129	12	215	6221	17	31	21	64
KEYA PAHA	0	95		1	12	1	1	0	16	0	12	8670	0	0	0	1
KIMBALL	126	406		19	95	2	3	6	41	13	97	6816	18	19	7	30
KNOX	257	1531	648	35	254	6	16	4	153	10	255	7369	52	18	6	25
LANCASTER	2994	22217	16197	1004	7547	237	172	255	2676	657	5854	6338	460	777	1864	3665
LINCOLN	673	3589	9602	179	1202	41	48	25	458	86	994	5905	70	216	60	240
LOGAN	56	163		1	6	1	2	0	13	2	22	8130	0	0	1	2
LOUP	25	107		1	6	0	1	1	5	0	12	9126	0	0	0	0
MADISON	61	5042	460	186	1343	42	2	34	601	45	868	5900	84	122	136	501
MCPHERSON	0	0		0	3	0	46	0	11	0	6	8140	0	0	0	0
MERRICK	22	1056		21	196	6	14	4	110	7	197	6687	18	20	12	47
MORRILL	184	827	2482	33	163	6	14	4	81	6	113	6821	30	23	12	31
NANCE	95	633		20	92	4	3	0	50	3	98	5462	17	9	5	30
NEMAHA	0	930		13	161	9	10	3	104	6	155	6701	30	8	6	60
NUCKOLLS	44	1124		22	92	2	9	3	88	3	172	7079	15	10	8	2
OTOE	82	1938		81	405	15	18	8	211	21	417	5863	53	32	15	68
PAWNEE	33	386		7	35	3	6	2	50	2	100	6980	23	2	4	8
PERKINS	0	373		8	42	0	7	2	50	2	79	7818	0	2	0	13
PHELPS	92	1077		35	197	10	16	7	145	19	394	6442	17	28	12	5
PIERCE	203	1457		25	151	9	12	4	156	6	218	5958	0	8	11	33
PLATTE	300	4268		141	976	39	38	37	438	53	816	5720	94	63	34	283
POLK	43	1051		10	86	3	6	1	107	2	159	6763	0	12	2	1
RED WILLOW	33	540		49	314	10	10	9	186	15	443	6018	18	40	32	190
RICHARDSON	267	1511		42	251	7	9	5	137	13	292	6365	50	27	11	85
ROCK	0	175		3	17	1	4	1	40	0	42	7939	0	1	0	7
SALINE	237	1768		28	281	14	13	14	194	14	379	5748	32	29	59	160
SARPY	535	12177		387	2856	124	104	126	1509	99	2495	5666	125	392	392	1802
SAUNDERS	107	2671		50	349	13	11	6	268	18	454	5971	44	43	35	166
SCOTTS BLUFF	556	4064	9909	365	1862	31	53	40	473	83	840	5522	203	200	208	487
SEWARD	52	2159		31	251	4	15	21	271	15	440	6371	20	34	20	82
SHERIDAN	77	702		35	221	6	12	4	104	5	163	6557	50	16	8	139
SHERMAN	94	478		17	96	2	6	4	45	5	85	7149	18	10	1	26
SIOUX	0	0		2	14	2	0	0	11	1	11	10794	0	0	1	2
STANTON	0	375		26	145	1	7	3	40	1	71	6054	17	6	6	25
THAYER	34	904		7	79	1	4	5	104	3	154	7844	20	14	6	7
THOMAS	0	93		1	12	0	2	1	11	0	25	10105	0	0	0	0
THURSTON	476	1556	9039	118	956	18	11	5	101	41	444	7629	208	16	146	0
VALLEY	32	527		17	82	1	8	0	67	3	99	7025	20	4	5	39
WASHINGTON	32	2518		43	325	12	20	16	287	35	493	5795	0	21	34	175
WAYNE	59	1292		14	167	10	13	8	143	6	198	6059	23	6	30	27
WEBSTER	23	406		11	63	3	1	5	61	2	148	6704	15	7	1	24
WHEELER	37	114		2	12	2	1	0	14	0	14	10138	0	2	0	0
YORK	67	1694		26	344	16	11	9	185	7	425	6844	47	55	18	181
STATE TOTAL	**17202**	**172118**	**127212**	**8358**	**58041**	**1,798**	**1,795**	**1,690**	**21917**	**3774**	**43531**	**6201**	**4175**	**6286**	**9721**	**18782**

Methodology and D

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data was obtained from the state agency with primary responsibility for that population and from reports of the U.S. Bureau of Census and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 1990 U.S. Census of Population and Housing (STF3A). 2000 Census data will be available in the late spring of 2002. Please check our web site for information. www.voicesforchildren.com

Race – Race/Hispanic identification – Throughout this report, race is reported based on definitions used by the U.S. Bureau of Census. The census requests adult household members to specify the race for each household member, including children. The racial categories provided are White, Black, American Indian/Eskimo/Aleut, Asian/Pacific Islander, and Other Race. These racial categories are mutually exclusive; all persons are expected to respond with a single category. The census treats Hispanic origin as a separate category and Hispanics may be of any race. In Nebraska, the great majority of Hispanic householders classify themselves as of either White or Other Race.

Rate – Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for the 2001 Report – The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the Kids Count in Nebraska project consultants and advisors, and the national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

CHILD ABUSE AND NEGLECT/DOMESTIC VIOLENCE

Data Sources: Data was provided by the Nebraska Health and Human Services System, (NHHSS) and the Nebraska Domestic Violence/Sexual Assault Coalition. Data regarding hospital discharges was provided by vital statistics. Abuse fatalities data was provided by vital statistics.

Neglect – Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case – A case has been reviewed and an official office or court has determined that credible evidence of child abuse and or neglect exists. Cases are reviewed by NHHSS and/or an appropriate court of law.

Agency Substantiated Case – NHHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court Substantiated Case – A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter – Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

EARLY CARE AND EDUCATION

Data sources: Parents in the workforce data was taken from the U.S. Census of Population and Housing, 1990. Data concerning child care subsidies and licensed childcare was provided by NHHSS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education web site for Early Childhood.

Child Care Subsidy – NHHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below approximately 185% of poverty. Subsidies are paid directly to a child care provider.

Licensed Child Care – State statute requires NHHSS to license all child care providers who care for four or more children from more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center Based Care – Day care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I – Provider of child care for 4 to 10 children. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II – Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start – The Head Start program includes health, nutrition, social services, parent involvement, and may include transportation services. This report focuses on the largest set of services provided by Head Start – early childhood education.

ECONOMIC WELL-BEING

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support collections was provided by NHHSS. Data concerning divorce and involved children was taken from Vital Statistics provided by NHHSS. Data enumerating the number of children in low income families and cost burden for housing was taken from the 1990 Census of Population and Housing, STF3A. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

EDUCATION

Data Sources: Data on high school completion, high school graduates, secondary school dropouts, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education.

Dropouts – A dropout is an individual who: A) was enrolled in school at some time during the previous year, or B) was not enrolled at the beginning of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, or state or district-approved

Data Sources & Definitions

educational program, 2) temporary absence due to suspension or school-approved illness, or 3) death.

High School Completion – The high school completion rate is a comparison of the number of children starting high school and the number of graduates four years later. This comparison does not account for transfers in and out, deaths, or temporary absences.

Expulsion – Exclusion from attendance in all schools within the system in accordance with sections 79-254 to 79-296 (Student Discipline Act). Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for at least a calendar year.

Special Education – Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. May include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy, and psychological services.

HEALTH -PHYSICAL AND BEHAVIORAL

Data Sources: Data for Medicaid participants was provided by NHHSS. Data related to pertussis, immunizations, STD's, and blood lead levels was provided by NHHSS. Data related to infant mortality, child mortality, and births is based on NHHSS 2000 Vital Statistics Report. Data related to adolescent risk behaviors, sexual behaviors and use of alcohol, tobacco, and other drugs are taken from the 1999 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries was provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by NHHSS.

Prenatal Care – Data on prenatal care is reported by the mother and on birth certificates.

Low Birth Weight – A child weighing less than 2,500 grams, or approximately 5.5 pounds at birth.

JUVENILE JUSTICE

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission). Data concerning juveniles currently confined, on parole or committed to Youth Rehabilitation Treatment Centers (YRTC) was provided by the NHHS, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by HHS. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Arrests, Part I Offenses – There are two categories of serious crimes: violent crimes and crimes against property. Violent crimes include the following: murder/manslaughter, death by negligence, forcible rape, robbery and felony assault. Crimes against property include: burglary, larceny-theft, motor vehicle theft and arson.

Arrests, Part II Offenses – The following crimes are included: Misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution and commercialized vice, sex offenses, drug offenses, gambling, offenses against family, driving under the influence, liquor offenses, disorderly conduct, vagrancy, curfew and loitering law violations and runaways.

Juvenile Detention – Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the community's protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) – A long-term, staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

NUTRITION

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program was provided by NHHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

OUT OF HOME CARE

Data Sources: Data was provided by NHHSS and the Foster Care Review Board.

Approved Foster Care Homes – NHHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes had been maintained by NHHSS since 1992. Often these homes are the homes of relatives.

Licensed Foster Care Homes – Must meet the requirements of the NHHSS. Licenses are reviewed for renewal every two years.

Out-of-Home Care – 24-hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, receive a legal guardian or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings and independent living.

References

Commentary

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2 Nash, J. Madeline. "Fertile Minds." *Time* Feb. 3, 1997.

3 Gerber, Emily, Carolee Howes, Laura Sakai & Whitebook, Marcy. *Then & Now: Changes in Child Care Staffing, 1994-2000.* Center for the Child Care Workforce. Washington, DC: Harris, 2001.

Child Abuse/Neglect and Domestic Violence/Sexual Assault

1 Kolbo, J. R. (1996). Risk and Resilience Among Children Exposed to Family Violence. *Violence and Victims*, 11, 113-128.

2 Straus, M.A., & Gelles, R.J., (1990) *Physical Violence in American Families: Risk factors and adaptations to violence in 8,145 families.* New Brunswick, NJ: Transaction Publishers.

3 U.S. Department of Justice, Violence by Intimates: Analysis of Data on Crimes by Former Spouses, Boyfriends, and Girlfriends, March 1998.

4 Nebraska Health and Human Services System Protection and Safety Division Child Abuse or Neglect Annual Report (2000).

Economic Well – Being

1 & 2 Parents Without Partners: Facts About Single Parent Families. www.parentswithoutpartners.org

Education

1-3 Nebraska Department of Education: Rural Education Assistance Program. www.nde.state.ne.us

4 Nebraska Department of Education: Nebraska High School Graduates Outscore Peers on National Act Test. www.nde.state.ne.us

Health – Physical and Behavioral

1 & 2 National Center for Chronic Disease Prevention and Health Promotion www.cdc.gov

3 Moore, K.A. (1993). Teenage Childbearing: A Pragmatic Perspective. Child Trends, Inc. Washington, D.C. and Maynard, R.A. (ed). 1996.

4 Forum on Child and Family Statistics

5 & 6 National Center for Health Statistics www.cdc.gov/nehs

Juvenile Justice

1 Nebraska (LB 1073) Juvenile Justice Task Force Report presented to the Governor and Legislature in December 1998.

Katrina, 6

kidscount Team Members

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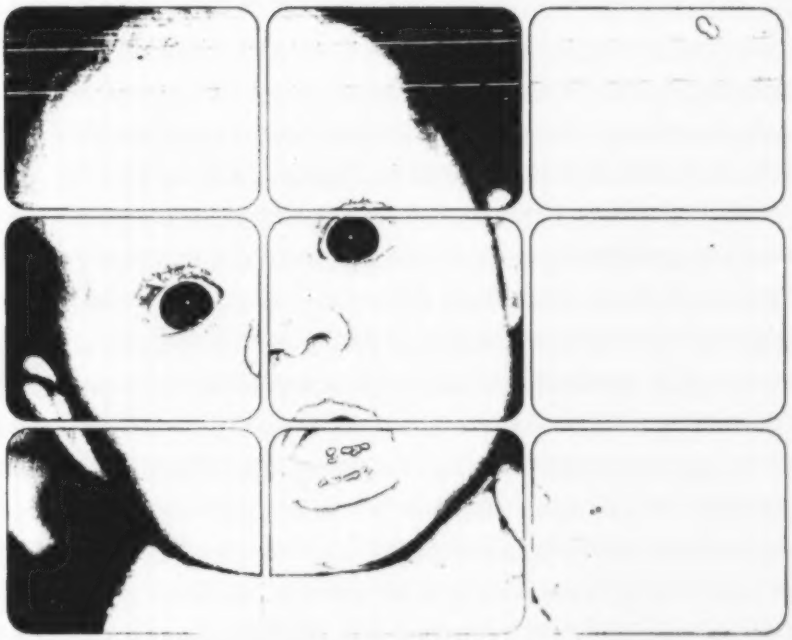

Carrie, 5 months old

"There is no greater insight into the future than recognizing that when we save our children, we save ourselves."

- Margaret Mead

Voices For Children NEBRASKA

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